

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Reyes Care Home	CHAPTER 100.1
Address: 94-931A Lumihoahu Street, Waipahu, Hawaii 96797	Inspection Date: October 9, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH;</p> <p>FINDINGS PCG, no current cardio pulmonary resuscitation (CPR) or first aid</p>	<p><i>I did my CPR + first aid on Aug. 7/2015. The instructor did not write my name in the card. Check to make sure put my name at room as I get it.</i></p>	10/24/15
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p>	<p><i>On Aug. 7/2015 SCG [redacted] SCG [redacted] SCG [redacted] completed the first aid</i></p>	10/24/15

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS ██████████ no current first aid</p>	<p>make sure the one who gave the CPR + first aid complete the card. Double check the card is completed by the</p>	<p>10/24/15 instructor</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS SCG █████, SCG █████, SCG █████ no current CPR</p>	<p>On <u>Oct. 7/2015</u> SCG █████, SCG █████, SCG █████ completed the CPR. make sure the one who gave the CPR complete the card. Double check the card is completed by the</p>	<p>10/24/15 instructor</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p>FINDINGS No four (4) week menu</p>	<p>I found the menus + make copies. Posted 1 copy in Care Home + 1 copy kitchen. In the future I will check + rotate my menu of week.</p>	<p>10/24/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS</p>	<p>I took it in the room + put in my medication cabinet. In the future after administering meds. I will put back in my med. cabinet right away.</p>	<p>10/24/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	Eye drops for Resident [redacted] unsecured on resident dresser		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS [redacted]</p>	<p>As soon as I come back from the doctor's office, I will document all my medication record and double check that is correct.</p>	10/24/15
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident [redacted] no evidence of pre-admission two (2) step tuberculosis (TB)</p>	<p>[redacted]</p> <p>Before admitting the resident I will check the paperwork to see that the 2 step TB test was completed + if not I'm not going to admit the patient.</p>	10/26/15
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p>		

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<p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p><i>In the future I will note in my progress note if its effective or ineffective.</i></p>	<p><i>10/24/15</i></p>

Licensee/Administrator's Signature: _____ [REDACTED] _____

Print Name: CORAZON REYES

Date: 11/4/15