

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Calucag III	CHAPTER 100.1
Address: 1050 18th Avenue, Honolulu, Hawaii 96816	Inspection Date: November 18, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS Substitute care giver (SCG) [REDACTED] physical exam signed; however, no date for the physician signature.</p> <p>Please submit copy of the physical exam with a date with the plan of correction (POC).</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p>		

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	<p><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1. SCG [REDACTED] no documentation for the initial positive tuberculosis skin test and x-ray clearance on the annual attestation form or in the facility records. 2. SCG [REDACTED] no documentation for the initial positive tuberculosis skin test on the annual attestation form or in the facility records. <p>Please submit documentation with the POC.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(2) 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 able to provide personal care to the residents, including bathing, dressing, transferring, feeding, and transporting residents, and be able to provide care as stipulated in the schedule of activities or care plan;</p> <p><u>FINDINGS</u> SCGS [REDACTED] no documentation of training by the primary care giver for the following resident needs:</p> <ol style="list-style-type: none"> 1. Personal care; 2. Special diet (soft diet); 3. Schedule of activities; 4. Medication administration (general); and 5. Medication administration by route(s) other than oral; i.e. rectal suppositories and enemas. <p>Please submit documentation with the POC.</p>		

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☒	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> First aid kit not maintained as follows:</p> <ol style="list-style-type: none"> 1. No disposable probe covers for one (1) battery operated oral thermometer; and 2. No sling. 		
☒	<p>§11-100.1-13 <u>Nutrition.</u> (f) A minimum of three meals shall be provided at regular intervals in each twenty four hour period. There shall be no more than fourteen hours between a substantial evening meal and breakfast.</p> <p><u>FINDINGS</u> Sixteen (16) hours between the earliest dinner, served at 5:00 p.m. and the latest breakfast, served at 9:00 a.m.</p>		
☒	<p>§11-100.1-13 <u>Nutrition.</u> (m) A business entity operating more than one Type I ARCH, shall utilize a registered dietitian to assist in the planning of menus and provide special diet consultation, as needed. The consultant shall provide special diet training to food preparation staff to ensure competency.</p> <p><u>FINDINGS</u> SCG [redacted] reports, "same Registered Dietician (RD) provides services" for three (3) Type I ARCH's; however, no documentation for training or guidance by RD for "Soft Diet" ordered for Resident [redacted]</p>		
☒	§11-100.1-14 <u>Food sanitation.</u> (f)		

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	<p>Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Toxic chemical (Bleach) unsecured in the kitchen.</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><u>FINDINGS</u> Bedroom #2, one (1) tube of topical medication "Protopic (tacrolimus) Ointment 0.1%", unsecured and unlabeled.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Medications in the refrigerator as follows:</p> <ol style="list-style-type: none"> 1. Unlocked metal box containing – <ul style="list-style-type: none"> • Numerous unlabeled suppositories; and • Resident [REDACTED], two (2) pharmacy labeled boxes, "Lorazepam oral concentrate" 2. Inside the refrigerator door shelf, unsecured – 		

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	<ul style="list-style-type: none"> • Resident [redacted] pharmacy labeled bottle, "Bisacodyl Dulcolax Suppositories"; and • Resident [redacted] pharmacy labeled bottle, "Bisacodyl Dulcolax Suppositories". <p>As a reminder, locking the kitchen door, is not a substitute for keeping a (locked) container in a unique space within the refrigerator where medication will be secured and not accessible.</p>		
☒	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS [redacted]</p>		
☒	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Resident [redacted] discontinued and expired medication with current medications as follows:</p> <ol style="list-style-type: none"> 1. [redacted] 2. [redacted] 		

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <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 Resident [REDACTED] monthly progress notes were general statements; no care giver observations for the following:</p> <ol style="list-style-type: none"> 1. [REDACTED] 2. [REDACTED] 		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS [REDACTED]</p>		

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	As a reminder, timely documentation of unusual events shall be documented on an incident report. See OHCA guidelines.		
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident [REDACTED] personal belonging were enumerated on an inventory form; however, no date was recorded for the inventory of personal belongings.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><u>FINDINGS</u> For four (4) of five (5) residents, inconsistencies were noted between the physician certification, observations made by</p>		

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	<p>the Nurse Consultant (NC) during the annual inspection and statements made by SCC [redacted] s follows:</p> <ol style="list-style-type: none"> 1. [redacted] 2. [redacted] 3. [redacted] 4. [redacted] <p>Please schedule a physician/APRN reassessment to re-evaluate the self-preservation certification for Residents [redacted] submit documentation with the POC.</p>		

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1. Bedroom #4, one opening in the right window screen, approximately 1 inch in diameter; and 2. Resident's dishes and utensils hand washed with soapy water; however, no bleach used to sanitize following the lunch meal. 		

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____