

Office of Health Care Assurance

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION STATE OF HAWAII
HHS-ORCA LICENSING

Facility's Name: Garcia Care Home	CHAPTER 100.1
Address: 99-568 Huakanu Street, Aiea, Hawaii 96701	Inspection Date: February 6, 2015

	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 For Primary Care Giver, no current first aid or cardiopulmonary resuscitation training certificates. Please submit documentation with the plan of correction.</p>	<p>corrected. copy Enclosed. In the future I will make sure that a primary caregiver should have their current CPR and first aid certificate.</p>	1-31-15
<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</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS For substitute care giver [redacted] annual physician examination dated 02/03/14. Please submit documentation with the plan of correction.</p>	<p>corrected. copy Enclosed. In the future, I will make sure that a substitute caregiver [redacted] should have [redacted] current Physical Examination annually.</p>	<p>2-2-15</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> <p>FINDINGS For substitute care giver [redacted] tuberculosis attestation dated 02/03/14. Please submit documentation with the plan of correction.</p>	<p>corrected. copy Enclosed. In the future, I will make sure that a substitute caregiver [redacted] should have [redacted] current TB clearance.</p>	<p>2-7-15</p>
<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: Be currently certified in first aid;</p> <p>FINDINGS For substitute care giver [redacted] and [redacted] no current first aid training certificate. Please submit documentation with the plan of correction.</p>	<p>corrected. Copy Enclosed. In the future, I will make sure that a substitute caregiver [redacted] should have their current First Aid certificate.</p>	<p>1-31-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS For four (4) substitute care givers, no primary care giver training. Please submit documentation with the plan of correction.</p>	<p>Corrected copy Enclosed. In the future, I will make sure the all four substitute caregivers should have their Primary care giver training.</p>	<p>2-8-15</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 For substitute care giver [redacted] and [redacted], no current cardiovascular resuscitation training certificate. Please submit documentation with the plan of correction.</p>	<p>corrected. copy Enclosed In the future, I will make sure that a substitute caregiver [redacted] should have their current CPR certificate.</p>	<p>1-31-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS [redacted]</p>	<p>Corrected. In the future, I will make sure to document all medication in the medication record for Resident [redacted].</p>	<p>2-7-15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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 For Resident [REDACTED] progress notes do not reflect consistent document resident responses to:</p> <ol style="list-style-type: none"> 1. PRN medications made available 2. Skin condition and response to antibiotics 3. Human bite incident 	<p>corrected. In the future, I will make ^{sure} that the progress notes should reflect on the Resident response to a the medication for Resident [REDACTED].</p>	<p>2-7-15</p>
☒	<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 For Resident [REDACTED] no incident report for human bite that occurred on 02/27/14.</p>	<p>corrected. In the future, I will make sure that any incident in the home should a written incident report and should be documented in the progress notes as well, for Resident [REDACTED].</p>	<p>2-7-15</p>
☒	<p>§11-100.1-23 <u>Physical environment.</u> (i)(6)</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>In Type I ARCHs, bedrooms, hallways, and corridors shall be large enough to allow passage, access and be comfortable for residents with assistive devices. Type I ARCHs shall establish a performance criteria for safe evacuation and exit from the facility meeting the standards and requirements as set forth by the Uniform Building Code (UBC) and NFPA 101 (with utilization of the FSES rating).</p> <p><u>FINDINGS</u> Exit from the left side of building obstructed by the following:</p> <ol style="list-style-type: none"> 1. Motorcycle 2. Garden hose 3. Two (2) bins of bottles and cans for recycling 	<p>corrected. In the future, I will make sure that all Exit should not be obstructed by any object and should be accessible to all residents.</p>	<p>2-7-15</p>

Licensee/Administrator's Signature: _____



Print Name: Fe Garcia

Date: 7-15-2015

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

15 11-2 11:55

Facility's Name: Garcia Care Home	CHAPTER 100.1
Address: 99-568 Huakanu Street, Aiea, Hawaii 96701	Inspection Date: February 6, 2015

	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><u>FINDINGS</u> For Primary Care Giver, no current first aid or cardiopulmonary resuscitation training certificates. Please submit documentation with the plan of correction.</p>	<p>I'm going to get a check list and put on the calendar to remind myself to get the CPR and First aid certificates current and every year before my annual inspection.</p>	9-25-15
<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</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS For substitute care giver [redacted] annual physician examination dated 02/03/14. Please submit documentation with the plan of correction.</p>	<p>I'm going to get a check list and put on the calendar to remind myself to have all physical Examination current and available before the annual inspection.</p>	<p>9-25-15</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> <p>FINDINGS For substitute care giver [redacted] tuberculosis attestation dated 02/03/14. Please submit documentation with the plan of correction.</p>	<p>I'm going to get a check list and to write on the calendar to remind myself, to give the form and to notify the substitute caregiver [redacted] to get the TB clearance current and available before the inspection. copy enclosed TB attestation.</p>	<p>9-25-15</p>
<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>FINDINGS For substitute care giver [redacted] no current first aid training certificate. Please submit documentation with the plan of correction.</p>	<p>I'm going to write on the calendar to remind myself, every year to ensure the First aid certificates are current and available before the annual inspection.</p>	<p>9-25-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS For four (4) substitute care givers, no primary care giver training. Please submit documentation with the plan of correction.</p>	<p>I'm going to write on the calendar to remind myself to train all my substitute caregivers reviewed and kept dated every year and kept on the ARCH folder before the annual inspection. List of substitute caregivers (Inclosed)</p>	<p>9-25-'15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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 For substitute care giver [redacted] and [redacted] no current cardiovascular resuscitation training certificate. Please submit documentation with the plan of correction.</p>	<p>I'm going to get a check list and put on the calendar to remind myself to get all Personnel certificates current and available before the inspection.</p>	<p>9-25-'15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS [redacted]</p>	<p>I'm going to check the medication prescribed and must be made available, dated, time and documented on the medication sheet.</p>	<p>9-25-15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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 For Resident █████ progress notes do not reflect consistent document resident responses to:</p> <ol style="list-style-type: none"> 1. PRN medications made available 2. Skin condition and response to antibiotics 3. Human bite incident 	<p>I must administered the medication on time, record and observe the responses of the medication. It will be all recorded and documented on the progress notes.</p>	<p>9-25-'15</p>
☒	<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 For Resident █████ no incident report for human bite that occurred on 02/27/14.</p>	<p>I will record and document the incident report on the incident form while I'm at the Doctor's office with my resident.</p>	<p>9-25-15</p>
☒	<p>§11-100.1-23 <u>Physical environment.</u> (i)(6)</p>		

Rules (Criteria)	Plan of Correction	Completion Date
<p>All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>In Type I ARCHs, bedrooms, hallways, and corridors shall be large enough to allow passage, access and be comfortable for residents with assistive devices. Type I ARCHs shall establish a performance criteria for safe evacuation and exit from the facility meeting the standards and requirements as set forth by the Uniform Building Code (UBC) and NFPA 101 (with utilization of the FSES rating).</p> <p><u>FINDINGS</u> Exit from the left side of building obstructed by the following:</p> <ol style="list-style-type: none"> 1. Motorcycle 2. Garden hose 3. Two (2) bins of bottles and cans for recycling 	<p>I will removed everything that is blocked on the exits to ensure the safety of all the residents and personnel evacuation at all times. I'm going to check every morning</p>	<p>9-25-15</p>

Licensee/Administrator's Signature: _____

Print Name: Fe Garcia

Date: 9-25-15