

Office of Health Care Assurance

RECEIVED

State Licensing Section

'16 FEB 10 AM 9:30

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Medy's ARCH I, Inc.	CHAPTER 100.1
Address: 1447 Ala Leleu Street, Honolulu, Hawaii 96818	Inspection Date: October 2, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) 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>FINDINGS Pine-Sol, Comet Cleanser, Clorox bleach, Kirkland detergent stored unsecured in resident accessible laundry area.</p>	<p>7 Secured chemicals in locked storage.</p> <p>7 In the future chemicals when not being used will be locked away securely.</p>	10/3/15
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (l)(1) An enclosed dining area within the Type I ARCH shall be provided for residents which shall be apart from sleeping quarters but may be in continuity to the living room area. The following shall prevail:</p> <p>At least one table with twenty nine inches clearance between floor and lower edge shall be provided to allow for those residents using wheelchairs;</p>	<p>7 Raised table clearance to 29 inches.</p> <p>7 In the future before purchasing another table for residents use, I will make sure that it has at least 29 inches clearance bet. the floor and lower edge of the table, or wont use it.</p>	10/5/15

	Rules (Criteria)	Plan of Correction	Completion Date
	FINDINGS Residents' dining room table 25" clearance.		
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS Substitute care giver ■ 10.5 hours of documented continuing education. Submit documentation of 1.5 hours with your plan of correction.</p>	<p>7 SCG ■ attended 4 hours ^{more} of continuing education course. Copy of certificate attached.</p> <p>7 In the future, SCG will submit 1 hr of inservice documentation per month or at least 12 hours per year, or they will not be allowed to work.</p>	10/21/15
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p>FINDINGS Resident ■ Substitute caregiver ■ No documentation of training by case manager.</p>	<p>7 SCG ■ attended training by case manager.</p> <p>7 In the future SCG will be trained by case manager or they will not be allowed to work.</p>	10/3/15

Licensee's/Administrator's Signature



Print Name: Mediatrrix De Lara

Date: 2/8/16