

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Downey, Norma (ARCH)	CHAPTER 100.1
Address: 4038 Salt Lake Blvd., Honolulu, Hawaii 96818	Inspection Date: September 22, 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 HHM [REDACTED] - No annual physical exam. This person lived in the home [REDACTED]</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 1. HHM [REDACTED] - No annual tuberculosis clearance.</p>		

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	<p>2. SCG [REDACTED] Initial tuberculosis clearance incomplete for newly hired SCG. [REDACTED] Please submit documentation with the plan of correction (POC.)</p> <p>3. SCG [REDACTED] Annual tuberculosis screen incomplete. [REDACTED] Please submit documentation with the POC.</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> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS SCG [REDACTED] No training by the primary care giver (PCG). Please submit documentation with the POC.</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 SCG [REDACTED] No first aid certification. Please submit documentation with the POC.</p>		

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<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness. (a)(1)</u> The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Arranging for immediate transfer or evaluation by a physician for any resident who becomes acutely ill, injured, or dies;</p> <p><u>FINDINGS</u> “Resident Emergency Information Records” are not readily available.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness. (b)</u> The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> First aid kit – Contains expired medications:</p> <ol style="list-style-type: none"> 1.  2.  3.  		
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition. (b)</u> 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>		

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	<p><u>FINDINGS</u></p> <p>1. No documentation for dates on posted menu cycle.</p> <p>2. Menus are not followed. When asked for menu cycle in use, PCG replied, "I do not follow menus."</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (c) Menus shall accommodate residents' food preferences, cultural and ethnic backgrounds and habits as much as possible, provided nutritional quality is maintained.</p> <p><u>FINDINGS</u> No beverage served for lunch during inspection. Soda stored in resident refrigerator, Bedroom #1 and #2, however, and consumed between meals. Soda intake is not documented.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> No documentation of menu substitutions. Lunch served to Resident [REDACTED] did not match any posted lunch menu.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator (second floor) - Temperature reading was 50°F.</p>		

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☒	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> Metal stem thermometer - Not available.</p>		
☒	<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><u>FINDINGS</u> No physician orders for two (2) over-the-counter products [REDACTED]</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><u>FINDINGS</u> Untimely signed medication orders for Resident [REDACTED] by: 1. [REDACTED] 2. [REDACTED]</p>		

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (j) Medication shall be offered only to the resident for whom it is ordered.</p> <p><u>FINDINGS</u> Pre-poured medications left on meal trays for residents:</p> <ol style="list-style-type: none"> 1.  2.  		
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Expired medications in first aid kit, were not disposed of.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p>		

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	<p><u>FINDINGS</u> Pre-poured medications left on meal trays for residents:</p> <ol style="list-style-type: none"> 1. [REDACTED] 2. [REDACTED] 		
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (g) Residents, and the residents' family members, legal guardians, surrogates and case managers shall be given the opportunity to participate in the planning of resident care and activities.</p> <p><u>FINDINGS</u> Resident [REDACTED] Schedule of activity is not understandable on the "Plan of Care and Activities Schedule". For example:</p> <ol style="list-style-type: none"> 1. [REDACTED] 2. [REDACTED] 3. [REDACTED] 		

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☒	<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</p> <div style="background-color: black; height: 40px; width: 100%;"></div>		
☒	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p>FINDINGS No legend to explain initial used during previous year period on Resident [REDACTED] medication administration record (MAR).</p>		
☒	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and</p>		

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	<p>the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident [REDACTED] Signed a written policy; however, no documentation included for the following:</p> <ol style="list-style-type: none"> 1. Facility name, 2. Accommodations, 3. Visiting hours, and 4. Rate for service. 		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Bedroom #3 – One (1) cabinet used to store facility linens.</p>		

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____