

Office of Health Care Assurance

State Licensing Section

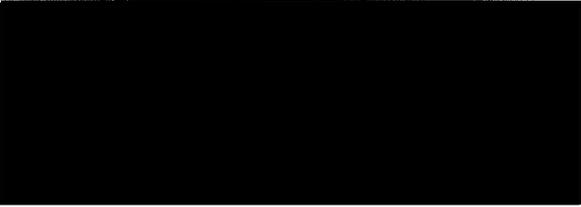
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Corpuz, Olivia (ARCH)	CHAPTER 100.1
Address: 664-D Wainaku Avenue, Hilo, Hawaii 96720	Inspection Date: December 21, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing.</u> (a)(4) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH;</p> <p><u>FINDINGS</u> No current adult residential care home (ARCH) license posted. Posted license expired April 30, 2015.</p>		
<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</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>certify that they are free of infectious diseases.</p> <p>FINDINGS Primary care giver (PCG), substitute care giver (SCG) [REDACTED] and SCG [REDACTED] no current physical examination.</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 SCG [REDACTED] no current tuberculosis (TB) skin test.</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 [REDACTED] no current cardiopulmonary resuscitation (CPR) certification.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p>FINDINGS Current adult residential care home (ARCH) license, issued</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>April 22, 2015, indicates capacity of two (2) residents. However, at the time of annual inspection, there were three (3) residents.</p>		
<input checked="" type="checkbox"/>	<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> No metal stem thermometer for checking cold food temperatures.</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><u>FINDINGS</u></p> <p>[REDACTED]</p> <p>However, no physician order.</p> <p>2) [REDACTED] Medication not on hand.</p> <p>3) [REDACTED]</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	4) 		
☒	<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 Resident  no medication renewals between December 30, 2014 and December 4, 2015.</p>		
☒	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS Resident  no admission assessment.</p>		
☒	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p>FINDINGS Resident [REDACTED] no admission medication orders.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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 current inventory of money and valuables.</p> <p>FINDINGS Resident [REDACTED] no inventory of belongings.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS</p> <p>1) [REDACTED]</p> <p>2) [REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p>		

	<p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS Resident [REDACTED] height and weight record reflected no monthly weights since admission.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p>FINDINGS Resident [REDACTED] blue ink used throughout the resident record.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Permanent general register reflected four (4) current residents. Discharged resident not discharged on the permanent general register.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement</p>		

	<p>signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS Resident [REDACTED] no financial statement.</p>		
<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>FINDINGS</p> <ol style="list-style-type: none"> 1) Dog feces along passage to area of refuge 2) Live roaches in care home folder 		

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____