

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sebastian, Adelina (ARCH)	CHAPTER 100.1
Address: 1630 Leilani Street, Honolulu, Hawaii 96819	Inspection Date: April 21, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
T	<p><input checked="" type="checkbox"/> §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><b>FINDINGS</b> No tuberculosis clearance:</p> <ul style="list-style-type: none"> <li>Substitute care giver (SCG) #1: Submit copy with plan of correction (POC).</li> <li>Family member (FM) #1: Submit copy with POC.</li> </ul>	<p>Corrective Action: (SCG) #1 went for an annual Tuberculosis Test and the result was negative. This document was available during last on-site visit. (FM) #1 also went for annual Tuberculosis Screening Test. This document was also available.</p> <p>Future: I'll use daily/monthly calendar as a reminder tool when CG or FM annual Tuberculosis screening/tests are due for renewals. I'll make sure current documents are available on file during on-site annual visits.</p>	<p>2/20/16</p> <p>5/7/16</p>
T	<p><input checked="" type="checkbox"/> §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><b>FINDINGS</b> No record of any primary care giver (PCG) skills training to perform ADL, medication, food preparation or other ARCH substitute care giver duties for:</p> <ul style="list-style-type: none"> <li>SCG #1</li> <li>SCG #2</li> <li>SCG #3</li> <li>SCG #4</li> </ul>	<p>Corrective Action: I met with SCG #1, 2, 3, &amp; 4 and went over all skills training, as necessary, for SCG.</p> <p>Future: I'll use my daily/monthly calendar or a checklist as a reminder tool when to give training to all future substitute CG. I'll make sure that completed training forms for each</p>	<p>2/20/16</p> <p>5/7/16</p>
		<p>11-100.1-9 on-site annual visits. SCG will be available on file during</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
T	<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:  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;  <u>FINDINGS</u> Resident #1: <ul style="list-style-type: none"> <li>From [redacted] progress notes incomplete. No monthly summary of diet tolerance or activities.</li> </ul>	Corrective Action: Progress Notes (Form ARCHIR 22C) or Monthly Summary was not completed for Resident #1; however, the Monthly Narrative Notes were completed, and it was available during on-site visit.  Future: I'll use daily/monthly calendar or a checklist as a reminder tool when to prepare or complete the Monthly Summary Forms. I'll make sure that it will be available on file during annual on-site visits.	2/20/14   5/7/14

T	<input checked="" type="checkbox"/> §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.	Corrective Action: I created a Disbursement of Monthly Allowance Statement for Resident #1 [redacted] which Resident #1 has already acknowledged receipt of total amount.	2/20/14
	<u>FINDINGS</u> Resident #1 Since admission: No receipts signed by resident of monthly disbursements/allowance from SSI after care home fee is taken out.	Future: I'll use daily/monthly calendar or a checklist as a reminder tool when to update written accounting of residents money and disbursement records. I'll make sure such records will be available on-file during future annual on-site visits.	5/7/14

Licensee's/Administrator's Signature: Adelina P. Sebastian  
Print Name: ADELINA P. SEBASTIAN  
Date: ~~Adelina P. Sebastian~~ <sup>APB</sup>  
02/20/2015

Licensee's/Administrator's Signature: Adelina P. Sebastian  
Print Name: ADELINA P. SEBASTIAN  
Date: ~~Adelina P. Sebastian~~ <sup>APB</sup>  
May 07, 2016