Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aletha's Expanded ARCH	**CHAPTER 100.1**
Address: **99-631 Ulune Street, Aiea, Hawaii 96701**	**Inspection Date: March 7, 2016 Annual**

	Rules (Criteria)	**Plan of Correction**	**Completion Date**
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Substitute care giver (SCG) #1 – No documentation of two-step tuberculosis (TB) skin test. **Submit copy of one (1) additional TB skin test with plan of correction (POC).** SCG #2 – No screening for symptoms consistent with pulmonary TB. **Submit copy with the POC.**	SCG #1 TB 2 Steps skin Test Next Reading on [redacted] - will FAX to OCHA [redacted] TB Screening to SCG #2	4/4/2016 4/4/2016
		I have a checklist for new employee Health Clearances + Certification. If the new employee does not furnish the required TB documentation, I won't let [redacted] work. To caregivers with positive PPD, I will attached the Screening form to the Physical Exam.	6-30-2016

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-13 Nutrition. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. **FINDINGS** Menu not posted in the kitchen.	in the Future Menu will be posted by The Kitchen + I posted it.	4/4/2016
		I have a magnet holder and Post it note reminding me to change the menu at end of every month.	6-30-2016
☒	§11-100.1-15 Medications. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use. **FINDINGS** Internal and external medication were not segregated.	Medication had been segregated and will always be segregated the External from External medication.	4/4/2016
		Posted note in the medication tray to segregate the external + internal medication and also trained my sub caregiver to separate the External medication and internal medication.	6-30-2016

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§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. **FINDINGS** Resident #1 – [redacted] The medication record did not indicate the time of day the [redacted] was removed. The primary care giver reported [redacted] removed the [redacted]	medication orders should be given as the doctors order [redacted]	4/4/2016
		Medication Record was modified to include the time of day the [redacted] is removed. To prevent the same differiency follow the doctor's order. When I apply + removed the medication.	6-30-2016
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** [redacted]	I no longer pay some one to do in computer my medication record each month. to prevent the same differiency, I write my Medication Record monthly and check the doctor's order against the label of the medication from the pharmacy.	6-30-2016

	Rules (Criteria)	Plan of Correction	Completion Date
	[redacted]		
☒	§11-100.1-17 Records and reports. (a)(4) 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: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; **FINDINGS** Resident #1 – No two step TB skin test at the time of admission. The single TB skin test was placed on the day of admission [redacted]. No second step TB skin test. **Submit copy of a second step TB skin test with the POC.**	Resident #1 in the future would not admit any resident w/ out 2 Step TB Skin test. Submitting the another TB Skin Test.	4/4/2014

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (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: A current inventory of money and valuables. **FINDINGS** Resident #1 – No inventory of valuables.	In every admission should fill the Inventory of money Valuables. I will use the admission checklist so I can't missed filling up the Inventory of Valuables.	4/4/2016 6-30-2016
☒	§11-100.1-17 Records and reports. (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; **FINDINGS** Resident #1 – [redacted] the progress notes did not indicate where the affected areas were located and why the ointment was needed [redacted]	In the future will document thoroughly in the recording the used of the medication and why it is needed.	4/4/2016
☒	§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms: Bedroom furnishings: Each bed shall be supplied with a comfortable mattress cover,	I have pillow protector for all 5 resident pillow. I told my substitute caregiver not to removed pillow protector, if ever they clean. They must change right away, put new one. I will check all the pillow protector every week.	6-30-2016

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. **FINDINGS** No signaling devices for four (4) beds.	I have wireless Signalling device for all bedside and the bath room. I trained my substitute caregiver to always check the Signalling device and report, so we can replace if need. every week I check signalling device are all working.	6-30-2016
		bought New 5 Signaling device [redacted]	4/4/2016

Licensee's/Administrator's Signature: Florence Fayloga

Print Name: Florence Fayloga

Date: 4/4/2016

Licensee's/Administrator's Signature: Florence Fayloga

Print Name: Florence Fayloga

Date: 6-30-2016