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State Licensing Section

STATE OF HAWAII
A L I C E N S I N G

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Barbara Cabanes (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 4562 Mimo Place, Eleele, Hawaii 96705	Inspection Date: March 13, 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> (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 Primary care giver (PCG), substitute care giver (SCG) #2, SCG #3. No current first aid certification.</p>	<p><i>used #3</i> For substitute caregiver and PCG first aid certificate copy was enclosed. To avoid deficiencies in the future my future plan for ensuring that all staffs/substitute caregivers is to remind and give them notice in advance, like a month or more so that they have enough time to renew. To maintain this, is to have an exclusive reminder like a calendar write down all downward / clearance & expiration date, and can check every day.</p>	7/21/16
<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>		

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<p>FINDINGS No documentation of training to make medication available for three (3) SCGs.</p>	<p>The documentation enclosed. To avoid deficiencies my future plan is to train the SCG first before helping the residents. I need to follow 11-100.1-9(2)(4) medication instruction. They must look the right dose, right drug, right route, right time & right patient then they will give will document in the medical record.</p>	
<p><input checked="" type="checkbox"/> §11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident #2 No level of care assessment upon admission.</p>	<p>Resident #2 Have no level of assessment upon admission my future plan to avoid deficiencies in the future I should follow 11-100.1-2 that by admission, clt must have level of care sign by the MD, without the level of care I can't admit the clt, admission date [redacted] no current level of care of care make appointment [redacted] for the current level of care</p>	<p>3/30/15</p> <p>1/8/15</p>
<p><input checked="" type="checkbox"/> §11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p>FINDINGS [redacted]</p>	<p>I remove the [redacted] in my emergency kit and throw put in a sealable ziplock & throw away in the trash can. My future plan to avoid deficiencies in the future I must put on by the emergency list, and in my emergency kit and check every week.</p>	<p>3/14/15</p>
<p><input checked="" type="checkbox"/> §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>		

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #2 No signed medication orders upon admission.</p>	<p><i>Before admission Physician or APRN signed order for diet medication and treatment</i> <i>My future plan to avoid deficiencies in the future must tell to the clt that they must obtain, a diet, medication and treatment signed by the MD before admission, if they cannot obtain I cannot admit the clt.</i></p>	<p>7/22/16</p>
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> No progress notes reflecting response to PRN</p>	<p><i>To prevent similar deficiency, in the future I will take better notes reflecting responses of the residents from their PRN meds</i></p>	<p>3/14/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of		
	information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. FINDINGS Records stored unsecured.	<i>In the future, to prevent similar deficiency from recurring, I got a cabinet with lock lock on it.</i> <i>Done</i>	<i>4/12/15</i>
		<i>Record must keep in a secured place. My future plan to avoid deficiencies in the future. I created a locked cabinet in the kitchen to secured the records and after used I must locked it.</i>	<i>4/12/15</i>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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 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>FINDINGS Resident #2 Signed agreement for monthly charges is not specific.</p>	<p><i>Policy corrected. New Policy revise medicare had been signed by the family & also the PEG on this day [redacted]</i></p> <p><i>Resident #2 signed agreement monthly charges is not specific my future plan to avoid deficiencies in the future I must write the specific monthly charges in my Policy & that the family will or elt will sign [redacted]</i></p>	<p><i>7/22/15</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident #2 No current self-preservation certification on admission.</p>	<p><i>Self preservation enclosed</i> <i>Got but after the admission</i> <i>A resident must have a level of care upon admission, must be certified by the physician or APRN. My future plan to avoid deficiencies in the future, I will tell to the residents and family that I have a checklist that I cannot admit the resident without a self-preservation signed by the MD upon admission</i></p>	<p>6/1/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(C) Bedrooms:</p> <p>General conditions:</p> <p>Family members shall not sleep in residents' bedrooms;</p> <p>FINDINGS Primary care giver reported that sleeps in same room as Resident #2.</p>	<p><i>To prevent similar deficiency in the future POC will not sleep in the residents room. So POC no longer sleep in the same room with the resident to prevent similar deficiency in the future I always follow 11-100.1-23 Physical environment</i></p>	<p>3/13/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>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.</p> <p>FINDINGS Resident #1 No signaling device at bedside.</p>	<p><i>Battery operated bell ringer malfunctioned Device changed to electric operated bell ringer</i> <i>My future plan to avoid deficiencies in the future must check the bell if its working every day if not fixed it or replace the old one with new bell.</i></p>	<p>4/16/15</p> <p>3/14/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p>FINDINGS Resident #2 No current influenza immunization.</p>	<p><i>In the future, to prevent similar deficiency, I will put the forms from ARCH/CAADH1 Binder in front of my ARCH folder to remind me upon admittance</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(2) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Resident's sleeping room doors shall be self closing;</p> <p>FINDINGS Resident #1 Bedroom door not self closing.</p>	<p><i>Done of Jex</i></p>	<p><i>March 14, 2015</i></p>

Resident bedroom Type I or expanded ARCH's shall be in compliance with the requirement for fire safety standard for Type I ARCH as provided in section 11-100.1-23(b) and 11-100.1-86 (A) fire safety, that the resident's sleeping room door must be self closing. To prevent similar deficiency I will follow 11-100.1-86 about fire safety.

3/14/15

Licensee/Administrator's Signature: Barbara Cabanes

Print Name: BARBARA CABANES

Date: May 5, 2015

Licensee's/Administrator's Signature: Barbara Cabanes

Print Name: Barbara Cabanes

Date: 4/5/2016

Licensee's/Administrator's Signature: Barbara Cabanes

Print Name: Barbara Cabanes

Date: 7/22/16