

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Bernardo Care Home	CHAPTER 100.1
Address: 94-1230 Hinaea Street, Waipahu, Hawaii 96797	Inspection Date: December 16, 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><b>FINDINGS</b> No current Adult Residential Care Home (ARCH) license posted. Posted license expired [REDACTED].</p>	See Attached	12/21/15 3/22/16
<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>	See Attached	12/21/2015

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>certify that they are free of infectious diseases.</p> <p><b>FINDINGS</b> Substitute care giver (SCG) #1, no current physical examination.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><b>FINDINGS</b> No documented menu substitutions</p>	<p>See attached page 1 of 2</p>	<p>12/21/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b>FINDINGS</b> Resident #1, medication bin unclean.</p>	<p>See attached page 1 of 2</p>	<p>12/17/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals,</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b></p> <p>[REDACTED]</p>	<p>See attached page 1 of 2</p>	<p>12/16/2015</p>
<input checked="" type="checkbox"/>	<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><b>FINDINGS</b> Resident #1, admitted [REDACTED], no admission assessment.</p>	<p>See attached page 2 of 2</p>	<p>12/16/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p>	<p>See attached page 2 of 2</p>	<p>12/19/2015</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> Resident #1, no incident report for [REDACTED]</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><b>FINDINGS</b> Resident #1, blue ink used on [REDACTED] medication records.</p>	See attached	12/16/2015

Licensee/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

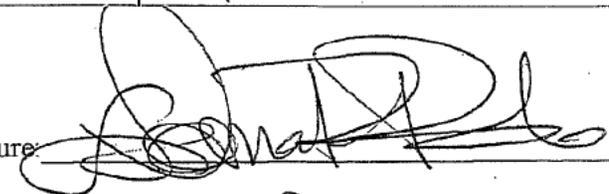
Date: \_\_\_\_\_

  
 NORMA PASQUA BERNARDO  
 3/31/2016

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

  
 NORMA P. BERNARDO  
 4/27/2016

**STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION**

Inspection date: 12/16/2015  
BERNARDO CARE HOME

*\*Received notice of unacceptable POC Friday 3/25/2016*  
*Re-submitted/hand delivered Thursday 3/31/2016*

11-100.1-15(b) Corrected 12/16/2015

Damaged/stained medicine bins disposed of and replacement purchased. When new medications are placed into bins, bins will be wiped down completely and/or replaced if unable to clean.

11-100.1-15(e) Corrected 12/21/2015

Copies of residents MAR will be taken to each office visit to have physician also acknowledge new dosage, tapering, and/or complete discharge of medication. Physician to acknowledge on MAR under "Physician's signature".

11-100.1-17(c) Corrected 12/19/2015

Created incident report of elopement on resident #1 and filed into individuals folder. A new tab "INCIDENT REPORT" created and placed in each residents folder with blank copies of forms available for immediate reporting.

11-100.1-17(f)(1) Completed 12/16/2015

Disposed of all blue ink pens in use at home. Purchased a stock of black ink pens and placed in individual residents folders & MAR folder. A 'pencil bag' was also purchased and placed into each folder to ensure black ink are used for all reporting.

A handwritten signature in black ink, appearing to read "Norma P. Bernardo", written over a horizontal line.

Norma P Bernardo

3/31/2016



STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION

Inspection date: 12/16/2016  
BERNARDO CARE HOME

\*Received notice of unacceptable POC #2 on Thursday 04/21/2016 via certified mail  
Re-submitted/hand delivered Wednesday 04/27/2016

11-100.1-3(a)(4) Completed 12/21/2015 / updated 3/22/2016

Posted 'provisional' license issued [REDACTED] in home. All future licenses will be immediately posted once received by facility. A follow-up phone call will be made to nurse surveyor of no more than four (4) weeks after submission of POC's to verify receipt if no correspondence received by OHCA in reference to POC's acceptance or denial.

11-100.1-9(a) Completed 12/21/2015

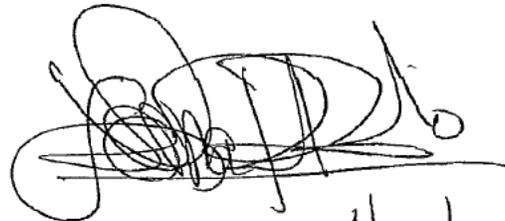
All future appointments for PCG/SCG, household members, & residents will be made no later than a month prior to ARCH annual inspection. Created and put in place a 'monthly check-list form' that will include annual exams (TB & physicals) to be reviewed monthly by CHO to ensure all members of current staff, residents, & household members are current.

11-100.1-13(a) Completed 12/21/2015

Created a separate sheetlog for meal substitution and attached to each weeks menu – located in main kitchen (upstairs). Each time a meal is substituted from posted menu, CHO will immediately notate on log. All logs will be kept stapled together with weekly menu.

11-100.1-17(a)(1) Completed 12/16/2015

Located admission assessment for resident #1 and filed into residents' folder. Updated individual "tab summary" to indicate what form(s) are filed in subject section. Also an 'Admission packet' has been created and will be put in place for all future admissions. \*Admission packet(s) will include all forms listed on ADMISSION/RE-ADMISSION checklist & used when new client is being admitted into home.

  
4/27/2016