

Office of Health Care Assurance

State Licensing Section

16 May 2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE LICENSING SECTION

Facility's Name: Fernandez, Carlina (ARCH/ Expanded ARCH)	CHAPTER 100.1
Address: 137B Hokulani Street, Hilo, Hawaii 96720	Inspection Date: March 30, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§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> <p><u>FINDINGS</u> Household cleaners, aerosol sprays and ant and roach killer unsecured in bathroom cabinet.</p>	<p><i>all findings of household cleaners etc. were lock up in a secured place. To avoid forgetting I'll make sure that all this findings material will put back immediately after each usage inside the lock up laundry room.</i></p>	<p>4-7-16</p>



§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

My case manager prepare all the medication form and I just follow it. next time I had to make sure that days medication to be taken as ordered by the doctor is the same as the medication record. I'll be more careful next time and to avoid mistakes.

4-4-16

To ensure that the monthly medication record prepared by my case manager is accurate, during the monthly visit, we will carefully check the doctor's medication order and it has to be the same or coincide with the medication record. If it's not the same we have to change it right away until it's accurate and will work together to avoid recurring mistakes. Before the new month start check the monthly record.

5-21-16

<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><u>FINDINGS</u> Resident #1, no admission assessment upon admission.</p>	<p>I will obtain a checklist for admission assessment form prior to department review date and have it completed immediately to avoid forgetting.</p>	<p>4-6-16</p>
		<p>Primary care giver should complete the admission assessment of a resident upon admission and shall be made available by primary care giver for the department review. In the future I have to follow the checklist and complete the admission assessment upon admission to prevent similar deficiency from recurring. I made admission packet all the necessary forms and attached the admission checklist</p>	<p>5-21-16</p>



§11-100.1-17 Records and reports. (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:

Physician or APRN signed orders for diet, medications, and treatments;

FINDINGS

- | | |
|--|---------|
| 1) Resident #1,
order upon admission. | no diet |
| 2) Resident #1,
medication orders upon admission. | no |

To insure that physician/APRN signed diet, medication and treatment orders, I will check the form before leaving his office for clarification and should be made available prior to inspection date.

4-6-16

① I make sure that MD/APRN signed, dated the diet order. I will check carefully that they are complete, signed before leaving the office on admission day and ready for department review. make sure checklist is complete, to insure required documents are in resident record to avoid similar deficiencies from recurring.

5-21-16

② I make sure that medication orders of MD/APRN are dated, signed on admission day before leaving office. Make sure that required resident records from are complete for department review; to avoid similar deficiencies from recurring.

<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (g)(3)(B) Fire prevention protection.</p>		
	<p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p>FINDINGS Path to safe area of refuge blocked by two (2) clothes racks.</p>	<p><i>The pathway to safe area of refuge was corrected. Next time I'll make sure that safe area of refuge should never be blocked anytime. Clear up the path way in case of emergency for easy access and for residents safety.</i></p>	<p>4-10-16</p>

In the future to avoid recurring mistakes I make sure that the path to safe area is clear always, and easy access in case of emergency and residents safety. I have to check it everyday that it is always clear and let my substitute know that nothing is blocking the pathway and should be always clear.

5-21-16

<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services</u> (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p>FINDINGS Resident #1, no monthly care plan review for June – October 2015 and December 2015 – March 2016</p>	<p><i>From now on and in the future I'll make sure that case manager service is obtain on monthly basis PCG will remind case manager that we discuss the care plan monthly and document it.</i></p>	<p>4-12-16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services</u> (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p>	<p><i>To remind myself, I'll have a calendar to note down all important activities to be done on timely basis. I'll notify the case manager to conduct comprehensive reassessment of expanded arch resident every six months.</i></p>	<p>4-15-16</p>

Licensee's/Administrator's Signature: Carlina Fernandez

Print Name: CARLINA FERNANDEZ

Date: 4-16-14

Licensee's/Administrator's Signature: Carlina Fernandez

Print Name: CARLINA FERNANDEZ

Date: 5-17-14

Licensee's/Administrator's Signature: Carlina Fernandez

Print Name: CARLINA FERNANDEZ

Date: 5-23-14