

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gabriel, Claire (ARCH)	CHAPTER 100.1
Address: 27-358 Anderton Camp Road, Papaikou, Hawaii 96781	Inspection Date: January 28, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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 certify that they are free of infectious diseases.</p> <p><b>FINDINGS</b> Household Member #1, no current physical examination.</p>	<p>Household member physical form was completed by the physician.</p> <p><del>ARCH Operator</del> will keep a sheet with current physical / TB dates (and due dates) posted for reference and checked monthly.</p>	01/06/16
<input checked="" type="checkbox"/>	<p>§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> 1) Substitute care giver (SCG) #1, current tuberculosis (TB) screening completed [redacted]; however, no documentation of past positive TB skin</p>	<p>ARCH operator obtained a TB clearance certificate indicating date of previous positive TB skin test and date for chest radiograph follow up. certificate filed in care home folder with a "DO NOT purge, keep on file" post it</p>	02/26/16

Rules (Criteria)	Plan of Correction	Completion Date
test. 2) SGG #2, with a history of positive TB skin test, no current TB screening.	Physician for SGG #2 completed an MD tuberculosis risk assessment and attestation screening form for SGG #2 indicating completion of current TB screening.	10/16/15
<input checked="" type="checkbox"/> §11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(1) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:  Arranging for immediate transfer or evaluation by a physician for any resident who becomes acutely ill, injured, or dies;  <u>FINDINGS</u> No written procedures to follow in an emergency.	Primary caregiver will keep a sheet with current physical / TB dates and due dates posted for reference and checked monthly.  ARCH operator updated sample emergency procedures for residents form sent by Hawaii DOH office of Health Care Assurance to fit ARCH.  Written procedures are filed in each residents folders in addition to posting it in the care home and reviewed annually.	03/20/16
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.  <u>FINDINGS</u> Resident #1, [redacted] medication record, all medications not initialed as administered [redacted]	ARCH operator or substitute care home operator will initial medication records after every dose and checked daily for completion.  ARCH will check and review medication records daily and then monthly to ensure completeness.	01/28/16
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (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	Resident #1 had an <sup>HP</sup> chest radiograph completed.  ARCH Operator will keep a sheet with current physical / TB dates (and due dates) posted	02/01/16

for reference and checked monthly

	Rules (Criteria)	Plan of Correction	Completion Date
	report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;  <u><b>FINDINGS</b></u> Resident #1, with a history of positive TB skin test, no current TB screening.	<i>See previous page</i>	

Licensee's/Administrator's Signature: *Claire Gabriel*

Print Name: Claire Gabriel

Date: 03/21/16

Licensee's/Administrator's Signature: *Claire Gabriel*

Print Name: Claire Gabriel

Date: 02/28/16