

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Bautista, Dolores (ARCH)	CHAPTER 100.1
Address: 1939 Waikaha Place, Honolulu, Hawaii 96819	Inspection Date: February 4, 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> (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><u>FINDINGS</u> Household members #1 and #4 No annual tuberculosis clearance.</p>	<p>Before the inspection date, all physical exams and T.B. Tests will be done, documented and updated. Annual tuberculosis clearance for household member #1 and #4</p>	<p>2/17/2015 3/27/2015</p>
		<p>In the future, if an individual who provide care whose tuberculosis clearance is not documented, I will keep a calendar of the initial and annual tuberculosis clearance for household #1 and #4 if tuberculosis clearances.</p>	<p>2/17/15 3/27/15</p>
		<p>I will obtain the TB Clearance one month prior the annual inspection and check the calendar once a month to see when it is due. If the TB clearance is not up to date I will not have the substitute do the job.</p>	<p>2/17/15 3/27/15</p>



§11-100.1-9 Personnel, staffing and family requirements.

(e)(4)

The substitute care giver who provides coverage for a period less than four hours shall:

Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.

FINDINGS

No documentation of training.

In the future, if a substitute care giver is needed I will train the substitute how to document in the medication log when medications are given. ~~Such training~~ I will train the substitute care giver prior to providing coverage and ensure that documentation is correct and initialed by the substitute.

2/5/15

	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> Laundry detergents, bleach, fabric softener, drain cleaner, and miracle gro unsecured in laundry area.</p>	<p>Laundry detergents, bleach, fabric softener, drain cleaner and miracle gro has been labeled and stored in a secured and locked cabinet.</p>	<p>2/5/2015</p>
		<p>In the future, I will properly label and securely store toxic chemicals [redacted] in a locked cabinet. The laundry detergents, bleach, fabric softener, drain cleaner and miracle gro has been removed in the laundry area and are now in a locked cabinet.</p>	<p>2/4/15</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

Resident #1 [redacted] ordered [redacted], record reflects only received a.m. dose [redacted].

Resident #1 [redacted] ordered by physician, no documentation medication made available.

Resident #1 [redacted] received in a.m. has been corrected by the prescribing physician. It is now reflecting two tabs in a.m. and one tab at night [redacted].

[redacted] has been documented.

2/6/2015

In the future, I will document ~~document~~ the medications correctly according to what and how often it is prescribed and how often the resident will have to take it or when a medication is discontinued.

2/6/2015

In the future, I will keep a calendar of when residents have professional consults and I will write the medications prescribed immediately in the medication log sheet after the appointment.

2/6/15

<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</p>	<p>Resident #1 response to treatments and PRN medication has been recorded thus such future incident</p>	<p>2/5/2025</p>
-------------------------------------	---	--	-----------------

	<p>Rules (Criteria)</p>	<p>Plan of Correction</p>	<p>Completion Date</p>
	<p>action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS Resident #1 Progress notes do not reflect response to treatments/PRN medication.</p>	<p>Will be recorded immediately as observed.</p>	<p>2/5/2025</p>

<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 Beyond the second fire exit, there was a makeshift gate with a wooden external locking device.</p>	<p>In the future if the access to a safe area is of refuge is obstructed I will inspect daily that the access is clear and unobstructed. The [redacted] wooden external locking device in the makeshift gate has been removed which makes access to a safe area easier now.</p>	<p>2/5/15</p>
-------------------------------------	---	---	---------------

<p>In the future, I will be responsible in maintaining a clear and unobstructed area access to a safe area every day. I will inform family members not to install any makeshift locks on gates. I will check throughout the day that emergency exits are clear and unobstructed.</p>	<p>2/5/2015</p>
---	-----------------

Licensee/Administrator's Signature: Dolores C. Bautista

Print Name: DOLORES C. BAUTISTA

Date: 4/16/2015

Licensee's/Administrator's Signature: Dolores Bautista

Print Name: DOLORES BAUTISTA

Date: _____

Licensee's/Administrator's Signature: Dolores C. Bautista

Print Name: Dolores Bautista

Date: 2/19/16

Administrative/Operator's Signature: Dolores C. Bautista

Print Name: Dolores Bautista

Date: 4/23/15