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STATE OF HAWAII
DOH-OHCA LICENSING

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Edita Castro (ARCH/Expanded ARCH)	**CHAPTER 100.1**
Address: **201 Kuhilani Street, Hilo, Hawaii 96720**	**Inspection Date: March 14, 2016 Annual**

	Rules (Criteria)	**Plan of Correction**	**Completion Date**
☒	§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. **FINDINGS** Resident #1, physician order dated [redacted] read, "[redacted] diet." However, no [redacted] diet menu.	Please see Attached Plan of correction page 1	5/3/16
☒	§11-100.1-15 Medications. (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. **FINDINGS** 1) Resident #1, [redacted] unsecured on refrigerator door.	Please see attached Plan of correction page 2	3/14/16

	Rules (Criteria)	Plan of Correction	Completion Date
	2) Medication box unsecured, keys left in lock.	Please see Attached Plan of Correction page 2	3/21/16
☒	§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** [redacted]	Please see Attached Plan of Correction page 3	3/15/16
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** [redacted]	In the future, I will allow for a space for documenting how much teaspoons given when a range is ordered. I will make sure to document the exact amount given with each administration in order to avoid similar deficiencies from reoccurring.	3/15/16
☒	§11-100.1-23 Physical environment. (p)(5) Miscellaneous: 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. **FINDINGS** Two (2) resident bedside signaling devices not operational.	In the future all signaling devices will be tested daily by all staff members upon coming on to their shift, including me as Care Home Operator. It should be working anytime for Res. needs and if not working staff will alert Care Home Operator for repair and it should be done right away ready for operational in order to avoid the same issue during inspection.	3/20/16 (gave the bell for a call bell)

☒	§11-100.1-88 Case management qualifications and services. (c)(2) 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: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the	Please see Attached Plan of Correction page 4	3/16/16
	expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; **FINDINGS** [redacted]	Same (Please see Attached Plan of Correction page 4)	3/16/16
☒	§11-100.1-88 Case management qualifications and services. (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: Review the care plan monthly, or sooner as appropriate; **FINDINGS** Resident #1, case manager visited resident [redacted]. However, no care plan review for the month of [redacted].	Please see Attached Plan of Correction page 5	3/16/16

Licensee's/Administrator's Signature: Edita A. Castro

Print Name: EDITA A. CASTRO

Date: 4/28/16

Licensee's/Administrator's Signature: Edita Castro

Print Name: EDITA CASTRO

Date: June 7, 2016

STATEMENT OF DEFICIENCIES AND
PLAN OF CORRECTION

FACILITY'S NAME: EDITA CASTRO ARCH/EXPANDED ARCH
201 Kukilani St.
Hilo, Hawaii 96720

INSPECTION DATE: MARCH 14, 2016 ANNUAL

I - § 11-18-1-13 NUTRITION (b)

PLAN OF CORRECTION:

Right after my inspection last March 14, 2016, I called the Nutritionist of the Dept. of Health, Ms. Annette Jackson for consultation or to ask assistance how to make Diet Menu so I can make my four weeks cycle Menu for Resident [redacted] new diet order from [redacted] Physician. I have already made my 4 weeks cycle menu on May 3, 2016 following the samples sent by Ms. Jackson, the Nutritionist of what food and what not to be. So in the future, whatever new diet order prescribed by the Physician like special diet, I will make right away a 4 weeks cycle menu with the assistance of the Nutritionist if needed to prevent similar deficiencies from recurring. Also I will include in my Checklist Reminder Book or mark in the calendar that a new diet order was prescribed by the Physician to the Resident and that need to make 4 weeks cycle menu to follow in the diet change.

Edita Castro (Administrator)
EDITA CASTRO
6/7/16

II - 11-100.1-15 (b) #1 :

PLAN OF CORRECTION:

Since the [redacted] Medicine of (~~Res. #1~~) Resident #1 didn't say in the prescription label of the bottle of the medicine has to be refrigerated, right after my inspection 3/14/16, I stored it in the locked medicine cabinet already for security. In the future I will store all medicines in a locked medicine cabinet and if requires storage in a Refrigerator, I will label the medicine properly and ~~kept~~ keep it in a locked container to avoid similar deficiency from recurring. Also I will include in my checklist Reminders Book that all medicines should be locked in a Medicines Cabinet for security.

III - 11-100.1-15 (b) #2 :

I was unaware that my medicine cabinet key was left unsecured during my inspection last March 14, 2016 so right after my inspector left, I locked the medicine cabinet, took off the key and kept to a secured hidden area. So in the future after administering the Residents medicines, I will always lock the medicine cabinet, take off the key and keep it in a secured area. Also, I will include to my Checklist Reminders Book to always lock medicines cabinet after giving Residents medicines, take off key and keep key in a safe area in order to prevent similar deficiencies from recurring.

Edita Castro (Administrator)
EDITA CASTRO
6/7/16

IV - 11-100.1-15(e)

PLAN OF CORRECTION:

The next day (3/15/16) after my inspection day (3/14/16) before I administer the medication of Resident #1, I have to transcribe the new Physician's Order [redacted] on Resident #1 medications, ordering to medications so I write "medications" to the February and March 2016 Medication Administration Record (MAR) Legend ~~for~~ to. remind all caregivers in whomen administering Resident #1 medication that [redacted] medicines has to be on the future, all new orders prescribed by the Resident Physician, I will transcribe right away to the Medication Administration Record (MAR) and make a note in the Medication Cabinet that there's a new order or changes on the Resident medication so all caregivers will be able to read it and follow the new order. in order to prevent similar deficiencies from recurring.

Edita Castro (Administrator)
EDITA CASTRO

V 11-100.1-88 (c)(2)

Plan of Correction:

Right after my inspection last 3/14/16, I notified the Care Manager of Resident #1, Mrs. Genevive Veriato that the Resident's Plan of Care initiated on Feb 5, 2016 read [redacted] didn't transcribed the Physician's New Order [redacted]. So on March 16, 2016 the Care Manager came to correct the Resident's Plan of Care intervention of Diet from Regular diet [redacted] on the future, in order to avoid similar deficiency from recurring, I will review the documents in the required areas (to include the Resident's Plan of Care) and if found not recorded right, I will notify the Resident's Care Manager right away for accuracy. Also I will make a note in my calendar that a new diet order to the Resident was made or ordered by the Physician just to prevent the same deficiency in the future.

Edita Castro (Administrator)
EDITA CASTRO
6/7/16

VI 11-100.1-88 (c)(3)

PLAN OF CORRECTION:

Also on my inspection day last March 14, 2016 I'd notified the Care Manager of Resident #1 Ms. Genevive Veneto that [redacted] nurse to document the review date on the Resident's Plan of Care during [redacted] monthly visit on March 2, 2016. So on March 16, 2016 [redacted] came to document the exact review date on the Resident's Plan of Care. In the future, I will review the Resident's Plan of Care assessed by the Resident's monthly Care Manager in order to prevent similar deficiencies from recurring. Also I will mark in my calendar immediately the date of the Care Manager visit for accuracy.

Edita Castro (Administrator)
EDITA CASTRO
6/7/16