

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Castillo, Enriqueta (ARCH)	CHAPTER 100.1
Address: 1067 Ala Liliko'i Street, Honolulu, Hawaii 96818	Inspection Date: April 6, 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>FINDINGS [REDACTED] No current PE on file. Provide copy of a current PE with your plan of correction (POC).</p>	<p>1. Physical exam completed. Copy of PE submitted.</p> <p>2. In the future I will use a calendar to remind when my annual PE is due. Upon seeing the date, I will call my physician to schedule an appointment and have my examination completed in a timely fashion.</p>	April 08, 2016
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS [REDACTED]</p>	<p>1. [REDACTED] had an appointment [REDACTED] and CTO requested a refill. Medication refills usually arrive 7-10 days via mail.</p> <p>2. In the future refills will be requested 2-2 1/2 weeks before supply runs out so that medication will arrive in the care home before it becomes unavailable for administration.</p>	March 31, 2016

	Rules (Criteria)	Plan of Correction	Completion Date
<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 action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS ██████████ progress notes each month do not consistently address diet, response to medication, and resident activity.</p>	<p>In the future, I will utilize the Progress Note check list sheet so that every month ██████████ response to diet, medication, activities, etc. will be consistently addressed. On the back of the sheet other incidentals shall be documented.</p>	<p>Present</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p>FINDINGS ██████████ emergency date sheet not correct, medications not updated to reflect changes made last physician appointment.</p>	<p>1. ██████████ saw MD ██████████; copy of MD's notes with new medication orders made and stapled to ██████████ Emergency Information Sheet.</p> <p>2. In the future ██████████, I will go over MD's notes and see if any changes were made to medication orders. If changes were made, I will either make a photocopy of MD's notes and staple it on to</p> <p>(Continue on back.)</p>	<p>April 06, 2016</p>

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: 4/25/2016