

Office of Health Care Assurance

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State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
DHHS-OHCA LICENSING

Facility's Name: Espinoza's	CHAPTER 100.1
Address: 94-1273 Kahuanui Street, Waipahu, Hawaii 96797	Inspection Date: April 28, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p>FINDINGS Two (2) packets of [redacted] in first aid kit.</p>	<p>The medication was removed right away and placed in the locked cabinet. In the future, I will have another caregiver to double check the kit to make sure there is no medication in the kit, check it at least once a month.</p>	4/28/16
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p>FINDINGS No four week menu available in kitchen (cooking area upstairs).</p>	<p>I made a copy of the menu and placed in the kitchen where we prepare the food In the future we will always have a menu on both places where we cook and serve the food.</p>	4/28/16
<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>[redacted] was called in for refill and brought [redacted] for client's use and marked up [redacted] name. In the future, I will make sure that all medications including PRN is available at all times for client by double checking daily, have SGT to check also and make a check list to make sure it's done and available.</p>	4/29/16

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p>FINDINGS Resident #1 emergency sheet not current. Lists discontinued medication [REDACTED]. Medication was discontinued [REDACTED].</p>	<p>resident's emergency sheet was also updated.</p> <p>In the future, I will make sure the emergency sheet is also updated by placing a reminder in the "MAR book" to update MAR and emergency sheet for medication changes and S/C to double check as well.</p>	<p>6/1/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p>FINDINGS Bedroom #3, no pliable plastic pillow protectors for both beds.</p>	<p>The pillows was marked by client's name.</p> <p>In the future if I buy a new pillow I will make sure to have pliable plastic protector on each / pillow marked with client's name to make sure its specific for that client use</p>	<p>4/28/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded</p>		

ARCH residents.

FINDINGS
 SCG #1 missing two (2) hours of continuing education units (CEU). Please submit two (2) hours of CEUs with your plan of correction. These two (2) hours will not count towards your [redacted] education total.

SCG #1 had to do some CEUs on line to complete the 12° CEUs requirements - see enclosed certificate

In the future I have to double check CEUs for every caregiver and also have each Ct make sure that 12° of CEUs is complete. I will make a checklist for each caregiver the next time I won't miss that part of incomplete amount of CEUs.

6/15/16

Licensee's/Administrator's Signature: Hilaria A. Edrosa (PCA)

Print Name: HILARIA A. EDROSA

Date: 5/17/16

Licensee's/Administrator's Signature: Hilaria Edrosa

Print Name: HILARIA EDROSA

Date: 6/18/16