

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J.C.	CHAPTER 100.1
Address: 203 Awa Place, Kihei, Hawaii 96753	Inspection Date: June 19, 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> (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><u>FINDINGS</u> Household members #3, #4 Annual physical exam expired</p>	<p>Continue to remind family members to schedule PE in timely manner. Copies are enclosed.</p>	7-20-15

Review of Annual PE due dates will be done.  
 Dates will be written on a calendar.  
 Family members will be reminded verbally at 3 months prior to due date to make PE appt.  
 Verbal and written reminders on a household calendar 1 month before due date.  
 Additional reminder entered into mobile device

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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> Household members #3, #4 Annual tuberculosis clearance expired [REDACTED].</p>	<p>Continue to remind family members to schedule TB clearance in timely manner.</p>	<p>7-20-15</p>

Review of Annual TB test annually  
 Due dates will be written on a calendar  
 Family members will be reminded verbally  
 at 3 month prior due date to schedule  
 TB test and again at 1 month.  
 Reminders will be done verbally, written  
 on a household calendar and entered into  
 mobile device.

4-8-14

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> Substitute care giver #2 No documentation of training by primary care giver to make medications available and to properly record such action.</p>	<p>Trained SCG #2.</p> <p>All substitute caregivers will be trained on medication administration &amp; documentation.</p>	<p>7-11-15</p>

① There was 1 day in which substitute caregiver watched me in the day to day duties of the carehome. There was additional day of hands on training in which the substitute caregivers did all duties and I supervised. Duties included: ~~Pati~~ Resident's AM's, Medications, Record keep, Menu, + Housekeep

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>            (f)(1)            The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b>            Substitute care giver #3 No current CPR certification.</p>	<p>SCG #3 has current CPR.</p> <p></p> <p>Make sure            All certifications for caregivers can be found in binders</p>	<p>7-1-15</p>

② Review of CPR certifications will be done annually. Due dates will be written on a calendar. Verbal reminders will be done at 3 months prior to expiration and again at 1 month. <sup>text for</sup> ~~add to~~ reminder.

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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> Downey fabric softener, Tide detergent, Clorox bleach unsecured in resident accessible laundry area.</p>	Cabinet w/ lock installed to store cleaning agents.	7-1-15

③ A cabinet storage with lock was purchased. Chemicals were placed inside and locked. It will be placed back inside storage after each use & locked.

4-8-16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.  <b>FINDINGS</b>	Expiration dates of meds will be checked at every administration. All expired / discontinued meds will be properly disposed - return to pharmacy or physician's office for proper disposal	7-1-15

① Bought Rx Destroyers (drug disposal).  
 Medication expiration dates will be checked.  
 Expired and unused medications will be disposed by using Rx destroyer.  
 Directions on the bottle:

- ① load medicine into bottle
- ② Tightly replace cap
- ③ Invert bottle twice
- ④ Store and use again (if not full)
- ⑤ Dispose full bottle into garbage

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><b>FINDINGS</b> Resident #1 No monthly weights [REDACTED]</p>	<p>Resident #1 unable to keep still on the scale for accurate reading. Primary physician is aware and note is enclosed.</p>	<p>-8-21-15</p>

I will take residents, who cant step on a regular scale long enough for me to get an accurate reading, to a place - such Hale Makua Nursing Home. to take their weight monthly.  
Hale Makua has a scale for wheeled client.

4-8-16

	Rules (Criteria)	Plan of Correction	Completion Date
<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 ARCH residents.</p> <p><u>FINDINGS</u> Primary care giver, nine of twelve continuing education hours. Submit documentation three additional continuing education hours with your plan of correction.</p> <p>Substitute care giver #2, #3 No continuing education hours. Submit documentation of 12 continuing education hours for substitute care giver #2, #3 with your plan of correction.</p>	<p>Did additional 3 hrs cew's needed and sent. I will do 1 hr or more <sup>cew's</sup> every month.</p> <p>For Sub care givers - Every 1st of the month I will communicate with them via telephone/mobile phone-text message to complete at least 1 hour of cew monthly. In addition, at 3 months prior to annual inspection a reminder call/text to complete 12 hrs needed before annual inspection.</p>	<p>10-28-16</p>
		<p>Instructed/Requested SCG # 2 to ask/have certificates for <sup>future</sup> continuing ed. services from employment (Hale Makua nursing home)</p> <p>[REDACTED]</p> <p>Instructed # 3 to have cert. on time.</p>	<p>12-26-15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b>FINDINGS</b> Resident #1 No current influenza and pneumococcal immunizations.</p>	<div style="background-color: black; height: 100px; width: 100%;"></div> <p>I will be more familiarize where things are in the chart by labeling.</p>	<p>12-26-15</p>
		<p>I found the form (record of flu and pneumococcal immunization) and sent to you.</p> <p>I will make sure resident has flu and pneumococcal immunization upon admission.</p> <p>I will not admit if required forms are not complete.</p>	<p>6-17-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(10)            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:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><u>FINDINGS</u>            Resident #1 No comprehensive reassessment [REDACTED]</p>	<p>Found the <sup>copy</sup> comprehensive assessment and copies were sent.</p> <p>Using calendar for a reminder to check monthly when bi annual assessment is due. 1 month before 6 mos / assessment is due, using a post-it notes in front of resident's chair for additional reminder for case management to do a 6 mos assessment.</p>	<p>6-17-14</p>

~~to do a 6 mos assessment~~  
 I will [unclear]

I will check with case manager to make sure comprehensive assess is done.

<p>Again I have to label and be more knowledgeable where things are in the chart.</p>	<p>12-26-15</p>
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Licensee/Administrator's Signature: Catalina R. Garcia  
Print Name: CATALINA R. GARCIA  
Date: 12-26-15

Licensee's/Administrator's Signature: Catalina Garcia  
Print Name: CATALINA GARCIA  
Date: 4-8-16

Licensee/Administrator's S. Catalina Garcia  
Print Name: CATALINA GARCIA  
Date: 6-20-16