

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fiesta, Johnny (ARCH)	CHAPTER 100.1
Address: 1411 Gulick Avenue, Honolulu, Hawaii 96819	Inspection Date: April 2, 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>FINDINGS Substitute care giver (SCG) #5: No physical exam. Submit copy with plan of correction (POC).</p>	<p>XXXXXXXX SCG #2 <i>gm</i> XXXXXXXX</p> <p>SCG #5 PE done copy submitted upon obtaining PE.</p>	02/12/2016

1. 11-100. 1-9 (a)

CG#1 will write on the calendar, the first week of February that CG#1 will distribute annual PE forms and remind SCG that CG#1 need to obtain form by 2nd week of March. On the first week of March, CG#1 will remind SCG of PE form if not received yet.

4/13/16

<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> SCG #5: No tuberculosis clearance. Submit copy with POC.</p>	<p>SCG #5 TB screening done, I will submit TB & PE form the same time.</p>	<p>02/12/2016</p>
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2. 11-100. 1-9 (b)

CG#1 will write on the calendar the first week of February that CH#1 will remind SCG of needed annual TB clearance by mid March. On the first week of March, CG#1 will again remind SCG of TB clearance if not received yet.

4/12/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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</p> <ul style="list-style-type: none"> • Physician stop order [REDACTED]. PCG stated did not see order and medication documented as given that day. • Incomplete physician order. [REDACTED] • Physician order [REDACTED] <ul style="list-style-type: none"> ○ Although ordered, drug was not available at time of inspection. 	<p>To prevent^{QA} prevent the same deficiency I will check the physician order on medication and supplement, frequency, dosage, start & stop and date. I will transfer the medications order to my MAR, & double check against the medication bottle.</p>	02/12/2016

3. 11-100. 1-15 (e)

When the chart is given back to CH#1 after the resident sees the doctor, CG#1 will right away look at the chart and check the physician order on medications for accuracy. If there is incomplete physician order, CG#1 will have the physician complete the order right there before heading home. Need to have the dosage, frequency or any discontinue medication. At home, CG#1 then checks the order against the MAR and medication bottle if there are any changes. If there is a discontinue medication, CG#1 will write D/C and the date.

As for noticing medication that is running out, check medication and make sure there is at least 1-week supply before calling for refills so at least there is medication available until the refill is ready. If there is medication not recognized, SG#1 will call the M.D.

4/12/16



§11-100.1-17 Records and reports. (c)

Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.

I will take a blank incident report, fill it up to the best ~~of~~ of my ability. I will write in progress notes, mark & write the date, I wrote in it and it was the fact.

02/12/2016

FINDINGS

Resident #1:

- Progress notes on these dates described unwitnessed [redacted] However, no incident reports for: [redacted]

4. 11-100 1-17 (c)

If there is an unusual incident on Resident [redacted] CG#1 will call 911 if it is life threatening. CG#1 will write on the incident report of who was involved, where it happened, when it happened and how it happened. It should be documented right away after making sure the resident is fine at that time. CG#1 will call the physician of APRN immediately if medical care is necessary. Document also on which physician or APRN is called. CG#1 will also write on the progress note of the incident.

4/13/16

Licensee's/Administrator's Signature: _____

Johnny M. Fiesta

Print Name: _____

JOHNNY M. FIESTA

Date: _____

02/12/2016

Licensee's/Administrator's Signature: _____

Johnny M. Fiesta

Print Name: _____

JOHNNY M. FIESTA

Date: _____

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