

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Josephine Cabal	CHAPTER 100.1
Address: 2322 Awapuhi Street, #1, Hilo, Hawaii 96720	Inspection Date: May 8, 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> (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>FINDINGS [REDACTED] No documentation of training to make medications available to residents.</p>	SEE ATTACH SHEET PAGE-1	2/17/14
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH</p>	SEE ATTACH SHEET PAGE-2	2/17/16

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS ██████████ No level of care assessment on admission.</p>		
<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 menu posted in the kitchen.</p>	SEE ATTACH SHEET PAGE-3	2/17/16
<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 information sheet lists discontinued</p>	SEE ATTACH SHEET PAGE-4	2/17/16
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Discharge ██████████ not reflected in register.</p>	SEE ATTACH SHEET PAGE-5	2/17/16

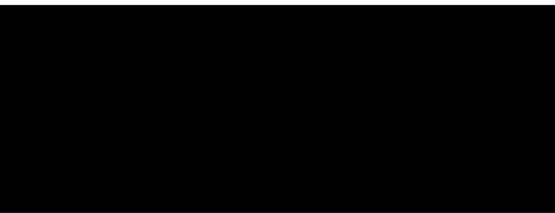
	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p>FINDINGS Indoor cameras that do not record but in operation 24 hours/7 days week in use in residents' living room [REDACTED]. No signed consents, location of the monitor accessible to care giver's family, no documentation of care giver training.</p>	SEE ATTACH SHEET PAGE-6	2/17/14
☒	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS [REDACTED]</p>	SEE ATTACH SHEET PAGE-7	2/17/14

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (1)(1) An enclosed dining area within the Type I ARCH shall be provided for residents which shall be apart from sleeping quarters but may be in continuity to the living room area. The following shall prevail:</p> <p>At least one table with twenty nine inches clearance between floor and lower edge shall be provided to allow for those residents using wheelchairs;</p> <p><u>FINDINGS</u> Resident dining room table 25 ¼" clearance.</p>	SEE ATTACH SHEET PAGE- 8	2/17/14

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____



FEB. 17, 2016

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11-100.1-9 (e) (4) – Findings- [REDACTED] No documentation of training to make medications available to residents.

Plan of Correction: Documentation and training completed. Documentation attached. To avoid this issue in the future, teaching will be done on admission of all substitutes. A checklist will be formulated as a reminder of required training.

Licensee/Administrator's Signature _____

Print Name _____

Date FEB. 17, 2014

11-100.1-10 (a)- Findings- [REDACTED] No level of care assessment on admission.

Plan of Correction-Level of care obtained. To avoid this deficiency in the future, I will obtain the proper level of care prior to admission to my home and I will follow a checklist to remind me of the requirements for admission to my home.

Licensee/Administrator's Signature _____

Print Name _____

Date FEB. 17, 2016

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11-100.1-13 (d) Findings-No menu posted in the kitchen.

Plan of correction: Menu was posted in the dining room. Menu is now posted in the kitchen. To avoid this issue in the future will continue to post the menu in the kitchen and the dining room.

Licensee/Administrator's Signature _____

Print Name _____

Date _____

FEB. 17, 2016

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11-100.1-17 (e) Findings- [REDACTED] Emergency information sheet lists discontinued [REDACTED]
[REDACTED]

Plan of Correction- [REDACTED] To avoid this from happening in the future I will discontinue all medications as ordered by the physician on all documents that list medications, i.e., Medication Administration Record, Emergency Information Sheet.

Licensee/Administrator's Record Signature [REDACTED]

Print Name [REDACTED]

Date FEB. 17, 2016

11-100.1-17 (h) (1) Findings-Discharge [REDACTED] not reflected in register.

Plan of Correction- [REDACTED] To avoid this issue in the future, I will update my registry immediately as admissions and discharges occur. I will include this step as a reminder on my checklist for discharges and admissions.

Licensee/Administrator's Signature [REDACTED]

Print Name [REDACTED]

Date FEB. 17, 2014

11-100.1-21 (a) (2) (E) Findings-Indoor cameras that do not record but in operation 24/7 days a week in use in residents' living room [REDACTED]. No signed consents, location of the monitor accessible to care giver's family, no documentation of care giver training.

Plan of Correction-Consents obtained from all residents' families. Training done with all caregivers. See attached copies. To avoid this issue from happening in the future, before installing devices or making changes that involve the resident, I will review Chapter 100.1 for the correct procedure.

Cameras currently all removed, no longer needed.

Licensee/Administrator's Signature

Print Name

Date

2/17/14

11-100.1-23 (g) (3) (I) Findings- [REDACTED] Self-preservation certification obtained [REDACTED]

Plan of correction-To avoid this deficiency from happening in the future, the self-preservation certificate will be obtained prior to admission to my Expanded ARCH home. This item will be part of my checklist for admissions to my home.

Licensee/Administrator's Signature

[REDACTED]

Print Name

[REDACTED]

Date

FEB. 17, 2014

11-100.1-23 (1) (I) Findings-Resident dining room table 25 ¼" clearance.

Plan of Correction: [REDACTED] If the table height is increased, the top of the table will be at the level of the chest [REDACTED] We do have adjustable tables for all residents in the home.

Licensee/Administrator's Signature _____

Print Name _____

Date FEB. 17, 2016