

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Marie Viduya (ARCH)	CHAPTER 100.1
Address: 94-1177 Halelehua Street, Waipahu, Hawaii 96797	Inspection Date: June 24, 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 No physical exam:</p> <ul style="list-style-type: none"> Substitute care giver (SCG) #3. Submit copy with plan of correction (POC). 	<p>SCG #3 Physical Exam obtained and was submitted (to) a copy [redacted].</p> <p>To prevent this deficiency from recurring, my computer calendar will display a message, reminding me to make appointment (2) months prior to the annual physical exam expiration date prior to my annual inspection.</p>	5/23/16
<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>SCG #3 a copy of TB screening was submitted [redacted].</p> <p>Upon obtaining annual Physical Exam, I will attach TB screening form, so that it is done at the same time, prior to my annual inspection.</p>	5/23/16

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS No tuberculosis clearance:</p> <ul style="list-style-type: none"> • SCG #3. Submit copy with POC. 		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS No first aid certification:</p> <ul style="list-style-type: none"> • SCG #3: Submit copy with POC 	<p>A copy of SCG #3 First aid certification was submitted [redacted].</p> <p>Future; My computer calendar will also display a message reminding me, it's time again for First Aid/CPR recertification and to contact a licensed First Aid/CPR instructor to set a day for a class to refresh and to recertify us (all caregivers) 2-3 months prior to the expiration date and prior to my annual inspection.</p>	<p>5/23/16</p>
<input checked="" type="checkbox"/>	<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>FINDINGS Unsecured toxic chemicals and cleaning agents:</p> <ul style="list-style-type: none"> • Bleach, Comet and Lysol Spray (3), in lower and upper cabinets residents' wet bar with no locking device. 	<p>Removed the bleach, comet and lysol spray and put it on the locked locker outside the house, also purchased a key block for all the residents cabinets, upper and lower and wet bar. I placed new keys with the other keys for the Care Home. I will indicate lock the toxic and cleaning agent after I used them, the cover never leave unlocked. In the future how will ensure that this deficiency will not happen again, if the toxic chemicals and cleaning agent not in use and in hand, they will be locked and covered. I will train my staff about it, and need to lock away toxic and cleaning agent. Show them the new keys, teach them how to use the lock and write the instruction in their list of duties.</p>	<p>1/15/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Unsecured medication:</p> <ul style="list-style-type: none"> Resident #1: First aid cupboard, residents' wet bar, [redacted] Resident #2: Top dresser drawer in bedroom, [redacted] Resident #3: Top dresser drawer in bedroom: [redacted] 	<p>Resident #1; #2; #3, bought their own [redacted] medicine without my knowing and store them in their dresser drawers and used them without telling me. I removed the medications and place in my locked medication cabinet and I will check their MDs</p>	<p>4/15/16</p>
	<p><u>FINDINGS</u> Unsecured medication:</p> <ul style="list-style-type: none"> Resident #1: First aid cupboard, residents' wet bar, [redacted] Resident #2: Top dresser drawer in bedroom, [redacted] Resident #3: Top dresser drawer in bedroom: [redacted] 	<p>Ask them why they are using [redacted] meds. Looked at their records if they have ordered [redacted] meds or if they have allergy to the medications. In the future how will ensure that this deficiency not to happen again, when I clean and dust every other day, I will check their drawers. If I find them I will go ask them why. It's a good practice to educate my substitute and write it down to their duties.</p>	<p>(Over limitation) 4/15/16</p>
☒	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Unsecured medication:</p> <ul style="list-style-type: none"> Upper left cabinet residents' wet bar stock supply for family [redacted] 	<p>I transferred all the supply for family [redacted] to my personal medicine cabinet. In the future how to ensure that this deficiency will not happen again, never store my family medication anywhere in the Care Home, only in our private quarters on the 2nd floor and to tell everybody in the family to leave their medications upstairs, on the 2nd floor.</p>	<p>4/15/16</p>

Licensee/Administrator's Signature: R. Viduya

Print Name: ROSE MARIE VIDUYA

Date: 1/15/16

Licensee/Administrator's Signature: R. Viduya

Print Name: ROSE VIDUYA

Date: 5/23/16