

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE LICENSING

Facility's Name: Guerrero, Miriam (ARCH)	CHAPTER 100.1
Address: 66 Kaiwiki Road, Hilo, Hawaii 96720	Inspection Date: February 18, 2016 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) #1, no current annual physical examination.</p>	<p>SCG 100.1 has an appointment for P.E. on March 20/16</p> <p>Future Plan - Reminded to have P.E. done 2 to 3 months prior to expiration date & put on cell phone to remind herself as well</p>	

<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>FINDINGS SCG #1, no current tuberculosis (TB) attestation.</p>	<p>SCG1 - has seen Dr. [unclear] for P.E. & to attestation, originally was positive on skin test & chest x-ray was negative, recommended for a chest x-ray & upon completion a copy will be filed in caregiver's folder available for inspection</p>	
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Future plan - put on cell phone the date of expiration on P.E. as well as TB attestations be done at the same time, 3 months

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p>FINDINGS Resident #1, initial physical examination read, However, no diet menu available for review.</p>	<p>I called Mrs. Annette Jackson & she requested that I send a copy of regulations & menu w/ guidelines for foods that can I cannot eat. However I made a four week menu for diet that is available for review. Future Plan - put a note on the refrigerator that 4-week menus be available before admitting the patient ready for inspection</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 resident dining area for resident review.</p>	<p>one week menu was posted on resident's dining area on the day after the inspection Future Plan - Post a note on the refrigerator that menu for that week is posted in resident's dining area</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p>FINDINGS Refrigerator thermometer read 18°F and 42°F at room temperature.</p>	<p>Future plan - thermometer was replaced put a reminder ^{posted} on the refrigerator to check thermometer as often as possible that it's working.</p>	

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<p>☒ §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u></p>	<p>A administered medication test was handed to me by her daughter on an emergency placement.</p> <p>Future plan - record all medication that is on discharge list, w</p> <p>Future plan - medications on telephone order must be signed by physician as soon as possible.</p> <p>- Future plan - Since admission he hasn't taken the I placed it in a locked cabinet.</p> <p>Future plan - See doctor on April 1st let doctor signed if any medication through tel, order will be signed as soon as possible.</p>		
		<p>Future Plan - No. 2. Put a note highlighted posted on medicine cabinet that any medication ordered through telephone be documented right away, if name of resident, medication, date ordered ready to be signed by physician on the next office visit. properly</p> <p>No. 3 - medication was stored & now it's w/ resident's container. In bin & documented on MAR & be on record.</p> <p>Future Plan - Post a highlighted note on medicine cabinet that all medications of resident be on container bin & will not be removed.</p> <p>No. 4 was a telephone order was documented on physician's notes & signed on April 20/16 office visit.</p> <p>Future Plan - Mark on calendar that all tel. orders be documented, med: (name) date of order ready to be signed by physician on the next office visit.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS Resident #1, physician order read, However, the medication orders were not listed on the April - August 2015 medication records.</p>	<p>Future Plan - any prescribed medication be on the MAR. After every office visit check physician's record & document right away & double check by comparing against the physician's & medication record to make sure it's correct. Put on cell phone alarm</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physician's visit and not later than four months from the date of the verbal order for the medication.</p> <p>FINDINGS Resident #1, telephone order read, However, no physician signature obtained.</p>	<p>physician signed the DC of calcitonin on April 20/16 see. missed or forgot to sign. Future Plan - Put on my things to do on cell phone specifically a note on going to doctor's visits, set by me leaving the clinic. double check if physician's notes or orders is signed & dated</p>	

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	<p>written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p>FINDINGS Resident #1, telephone order read, However, no physician signature obtained.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS Resident #1, admitted, no admission assessment.</p>	<p>admission assessment done future plan - always check on admission checklist before admitting a new resident. Put on reminder list</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident #1, admitted two (2) step TB</p>	<p>Resident was admitted on emergency placement and was reminded to take two step skin test but refused to do it until when saw who encouraged to do it. future plan - it's on the checklist that the 2 step skin test be done prior to admission by emergency placement make sure that it's done as early as possible,</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	skin test completed		
<input checked="" type="checkbox"/>	§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; FINDINGS Permanent general register thinned.	<i>Future Plan - Put on reminder list that permanent general register shall not be thinned. I will keep everything</i>	

Licensee's/Administrator's Signature: Miriam S. Guerrero

Print Name: MIRIAM S. GUERRERO

Date: 3/14/16

Licensee's/Administrator's Signature: Miriam S. Guerrero

Print Name: MIRIAM S. GUERRERO

Date: May 29/16