

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gamiao, Nayda (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 3648 Likini Street, Honolulu, Hawaii 96818	Inspection Date: April 16, 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"> Housekeeper: Submit copy with plan of correction (POC). 	<p>a) In the future, I will make sure that 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. I will take to ensure that this deficiency will not happen again.</p>	11/30/15
		<p>FOR: 11-100.1-9(a) Look and check my calendar: month before my inspection month or before P.E. expires and the Housekeeper can't work if she don't have her Physical Examination done.</p>	3/20/16

<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>(b) In the future I will make sure that 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. And I will take to ENSURE that this deficiency will not happen again and</p>	<p>11-30-15</p>
	<p>FINDINGS No tuberculosis clearance. • Housekeeper: Submit copy with POC.</p>	<p>[REDACTED]</p>	<p>11-30-15</p>
		<p>FOR: 11-1001-9(b) took and check my calendar 1 month before my inspection month or before TB expires and for Housekeeper cant not work if she dont have</p>	<p>3/20/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions. FINDINGS On the floor in pantry: • Partial case of canned soup • Partial case of canned vegetables • Four (4) cases of bottled water</p>	<p>(a) In the future I will make sure that All food shall be procured, secured or stored, and served under sanitary conditions and I will take to ENSURE that this deficiency will not happen again.</p>	<p>11-30-15</p>
		<p>FOR: 11-1001-14(a) I created a flat form to place on all can goods or any food and I use it from now on.</p>	<p>3/20/16</p>

<input checked="" type="checkbox"/>	<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>FINDINGS Unsecured medication:</p> <ul style="list-style-type: none"> • Medicine cabinet unlocked • Resident #2 medication in refrigerator in an unlocked box 	<p>(b) For the future I will make sure that all medicine cabinet are locked and 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. And I will take to ensure that this deficiency will not happen again.</p>	<p>11-30-15</p>
	<p>FOR: 11-100.1-15 (b) I bought a lock and I use it from now on to lock all medications that is need to be lock.</p>	<p>3/20/16</p>	
<input checked="" type="checkbox"/>	<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>that at least one table with twenty nine inches clearance between floor and lower edge shall be provided to allow for those residents using wheelchairs and I will take to ensure that this deficiency will not happen again.</p>	<p>11-30-15</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>FINDINGS Twenty-six (26) inch clearance dining table.</p>	<p>FOR: 11-100.1-23 (1)(1) I raised the table to 29 inches clearance.</p>	<p>3/20/16</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(2) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Resident's sleeping room doors shall be self closing;</p> <p>FINDINGS Resident #1:</p> <ul style="list-style-type: none"> • Non self closing door. 	<p>(a)(2) In the future I will make sure that A TYPE I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH as provided in section 11-100.1-23(b) and the following: Resident's sleeping room doors shall be self closing. and I will take to ensure that this deficiency will not happen again.</p>	<p>11-30-15</p>
	<p>FOR: 11-100.1-86 (a)(2) Fixed and adjusted closing door. and in the future I check the closing door everyday to ensure that closing door works properly</p>	<p>3/20/16</p>	

<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p>FINDINGS The [redacted] fire drills did not have a start time or stop time:</p>	<p>(a)(3) In the future I will make sure that A TYPE I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b) and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day. and I will take to ensure that this deficiency will not happen again.</p>	<p>11-30-15</p>
	<p>FOR: 11-100.1-86 (a)(3) I changed my Fire Drill Form and put the START & FINISH time so that I would not forget.</p>	<p>3/20/16</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p>FINDINGS Resident #1:</p> <ul style="list-style-type: none"> • No documentation that substitute care giver (SCG) # 2 or SCG #3 reviewed the case manager (CM) plan of care • No documentation of training for primary care giver (PCG), SCG #1, SCG #2 or SCG #3 by CM regarding: <ul style="list-style-type: none"> ○ Care of resident with [REDACTED] ○ Use of and care of sling ○ Falls prevention ○ [REDACTED] 	<p>11-100.1-88(c)(6) I check the Care Plan every month and call the Case Manager to have PCG, SCG #1 & SCG #2 for training if caregivers were not trained yet and if Care Plan has not been reviewed and caregivers can't not work until they have the proper training.</p>	<p>3/20/16</p>

Licensee/Administrator's Signature: Nayda Gamiao

Print Name: NAYDA GAMIAO

Date: 11-30-15

Licensee/Administrator's Signature: Nayda Gamiao

Print Name: NAYDA GAMIAO

Date: 3/20/16