Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rosana Dumlao (ARCH/Expanded ARCH)	**CHAPTER 100.1**
Address: **94-871 Awanei Street, Waipahu, Hawaii 96797**	**Inspection Date: February 23, 2016 Annual**

	Rules (Criteria)	**Plan of Correction**	**Completion Date**
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Current menus not posted in the kitchen.	Copy of my menus was copied and now posted in the kitchen area. Thank you	2-24-16
☒	§11-100.1-14 Food sanitation. (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. **FINDINGS** Lysol disinfecting spray unsecured in the garage.	disinfecting spray now secured and lock In the future I have to keep check and keep telling my [redacted] to locked [redacted] toxic materials	2-23-16
☒	§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.	Thats in the garage. Thank you	

	Rules (Criteria)	Plan of Correction	Completion Date
	FINDINGS [redacted]	[redacted] In the future I have to check and double check residents label medication bottles and medication order to match orders written on my MAR list. thank you	2-23-16 2-23-16
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** [redacted]	[redacted] In the future if resident refuses to take med. I have to write R right away on my MAR but so I won't forget. thank you.	2-23-16
☒	§11-100.1-17 Records and reports. (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:		

	Rules (Criteria)	Plan of Correction	Completion Date
	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; **FINDINGS** Resident #1 – No documentation of chest x-ray following positive PPD [redacted].	Res #1 after re-reading again I noted [redacted] x-ray [redacted] but Dr. [redacted] sent [redacted] for Xray again. In the future I have to really carefully read all resident ~~attachment notes~~ attachment notes. thank you.	3-14-16
☒	§11-100.1-17 Records and reports. (a)(6) 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: Physician or APRN signed orders for diet, medications, and treatments; **FINDINGS** [redacted]	Res. # 1 [redacted] was written at the hospitals note; not at the discharge medication form and I assumed it was part of the discharge med. In the future I have to verify and ask questions to my caseman. [redacted] or we can go over my MAR list	3-14-16
		Res #1 ~~to~~ In the future upon admission ~~to~~ I have to review list of medicines and compare medications received with the medication labels on bottles. Call Dr. or SW if there's a medication listed but no medication received.	4-13-16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (l)(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: At least one table with twenty nine inches clearance between floor and lower edge shall be provided to allow for those residents using wheelchairs;	table leg extension was attached measuring 30" In the future if I change table again I have to measure the ht of the table for w/c compliant.	3-4-16
	FINDINGS Table height 25 ½ inches [redacted].		
☒	§11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; **FINDINGS** Resident #1 – No training for [redacted].	[redacted] In the future if I have to admit a pt. w/ specialized care; a training specifically for that disorder will be address to my staff and a training & teaching will be implemented.	3-14-16
☒	§11-100.1-87 Personal care services. (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have: Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP); **FINDINGS** Resident #1 – No influenza vaccination. No documentation that the resident refused.	Rest #1 Flu vaccine was refused on admission in [redacted] but no resident written note [redacted] In the future I'll let resident write a note of refusal if [redacted] refuse any kind of treatment again. [redacted] — 3-14-16 thank you.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(2) 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:	[redacted]	3-14-16
	Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; **FINDINGS** [redacted]	In the future if I have to admit a pt w/ a specialized diagnosis + Risks I have to make sure a care plan written by my CM will be included in the Nursing Care Plan.	

Licensee's/Administrator's Signature: Rosana Dumlao

Print Name: ROSANA DUMLAO

Date: 03-28-2016

Licensee's/Administrator's Signature: Rosana Dumlao

Print Name: ROSANA DUMLAO

Date: 4-13-16