

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

07-10-15  
15 JUN 15 11

Facility's Name: Tessie M. Gaspar (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-112 Kaupu Place, Waipahu, Hawaii 96797	Inspection Date: June 26, 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><u>FINDINGS</u> No physical exam:</p> <ul style="list-style-type: none"> <li>Substitute care giver (SCG) #3. Submit copy with plan of correction (POC).</li> </ul>	<p>→ SCG #3 secured P.E. clearance + file on chart</p> <p>→ P.E. clearances to be secured prior to expiration dates for the safety of residents + health care providers.</p> <p>→ In the future, always marked calendar for any schedule + omit their names + unable to work till clearances will be updated.</p>	7/21/15
<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>→ In the future, SCG will not be able to work, omit their names, till clearances will be secured + updated</p>	7/21/15

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> No tuberculosis clearance: SCG #3. Submit copy with POC.</p>	<p>SCG #3 secured TB clearance + filed on chart</p>	<p>Done 7/21/15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b>FINDINGS</b> Resident #1:  <ul style="list-style-type: none"> <li>█ PRN ordered since █ and administered daily. █ no documentation of resident's response to █</li> </ul> </p>	<p>&gt; Late Entry documentation charted on progress report + MAR.</p> <p>&gt; In the future, documentation right away on chart + progress reports to be done after giving the orders to resident.</p>	<p>Done 6/27/15</p> <p>Done 6/27/15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(D) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Physical restraints may only be used in an emergency when necessary to protect the resident from injury to self or to others. In such a situation the resident's physician or APRN shall be notified immediately to obtain an assessment for least restrictive alternatives to restraint use. If restraint use is determined to be necessary, written orders shall be obtained from the resident's physician or APRN indicating the form of</p>	<p>&gt; MD gave orders to resident for both lower tie rails down, since resident's condition stable + may use seatbelt while in w/c in + out of the home to prevent falls. Family was notified + aware of the order of MD for tie safety + documented on chart + CM RN was also aware of the order.</p>	<p>7/22/15</p>

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	<p>restraint to be used, the length of time restraint shall be applied, the frequency of use and the alternative care that can be provided to the resident. If a less restrictive alternative to restraint exists, it must be used in lieu of the restraint. The resident's family, legal guardian, surrogate or representative, and case manager shall be notified if no alternative to restraint exists and a written consent shall be obtained for restraint use. The restraint use shall be in compliance with the Type I ARCH's written policy, as approved by the department;</p> <p><b>FINDINGS</b> Resident #1:</p> <ul style="list-style-type: none"> <li>• No physician order or notification of family for use of side rail when in bed.</li> <li>• No physician order or notification of family for use of pillows on lap and a backward facing chair in front of seated resident to restrain from falling while in chair.</li> </ul>	<p>&gt; In the future, if there's no orders by MD for residents, you will not do it until the orders will be secured for the residents.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><b>FINDINGS</b> Obstruction to path of refuge to 25 inches:</p> <ul style="list-style-type: none"> <li>• Metal rod on the cement walkway holding up a cloth shade cover.</li> <li>• Portable barbeque.</li> </ul>	<p>&gt; Temporary post obstructed material was removed to be clear for the pathway of residents.</p> <p>&gt; In the future, check daily basis on everyday that pathways are always clear &amp; measured 32 inches.</p>	<p>Done 6/27/15</p>

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<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><b>FINDINGS</b>  Non self closing door:</p> <ul style="list-style-type: none"> <li>• Bedroom #2.</li> </ul>	<p>&gt; Bed room #2 self closing door has fixed &amp; new equipment was installed.</p> <p>&gt; A fire feature, check the self-closing door daily if its working &amp; also to teach SG to check if fix needed.</p>	<p>Done 6/27/15</p>

Licensee/Administrator's Signature: Jessie M. Gaspar

Print Name: JESSIE M. GASPAR

Date: 12/5/15

Licensee/Administrator's Signature: Jessie M. Gaspar, CFA

Print Name: JESSIE M. GASPAR

Date: 2/8/16