

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|---|---------------------------------------|
| Facility's Name: Barbara Cabanes (ARCH/Expanded ARCH) | CHAPTER 100.1 |
| Address: 4562 Mimo Place, Eleele, Hawaii 96705 | Inspection Date: March 4, 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 Primary Care Giver no current annual physical exam. Submit copy of current annual physical exam with plan of correction.</p> | <p>PCG Annual Physical was enclosed. To avoid deficiencies in the future, I should follow 11-100.1-9 Personnel, staffing requirements (a) that who resides or provide care or services to the residents in Type I ARCH must be examined by the Physician annually to certify that they are free of infectious diseases. If I cannot obtain it, I can not touch the resident. I will call my substituted caregiver to work with residents, until I get my annual physical exam.</p> | 3/15/16 |
| <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>FINDINGS Primary Care Giver no current annual tuberculosis clearance.</p> | <p>For PCG annual TB clearance was enclosed. My future plan to avoid deficiencies in future I need to follow the 11-100.1-9 Personnel, staffing and family requirements (b) that individual who either reside or provide services to the residents in Type I ARCH shall have documented evidence of annual tuberculosis. I can not touch the residents until I will call my substituted caregiver to work with my resident, until I get my annual tuberculosis result.</p> | 3/18/16 |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| | Submit copy of current annual tuberculosis clearance with plan of correction. | | |
| <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 Substitute Care Giver (SCG) #2 no current first aid certification. Submit current first aid certification with plan of correction.</p> | <p>For substitute care giver #2 first aid certificate was enclosed, to avoid deficiencies in the future & need and should follow the 11-100.1-9 Personnel, staffing requirement (e) (3). My future plan for insuring that all staff & substitute care giver to remind & give them notice in advance like a month or more so they can have enough time to renew. To maintain this is to have a reminder book (Calendar for all documents, clearances, & expiration dates so that I can check all the time. If they cannot obtain it no can work with the residents.</p> | <p>2/20/18</p> |
| <input checked="" type="checkbox"/> ✓ | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS Substitute Care Giver #2 no current CPR certification. Submit current CPR certification with plan of correction.</p> | <p>For substitute care giver #2 CPR certificate was enclosed, to avoid deficiencies in the future, I should follow the 11-100.1-9 Personnel, staffing requirements (f)(1) Personnel, staffing & family requirement (f)(1) To have a reminder book (Calendar) where can write down all the documents, clearance and expiration date so that I can check all the time. If cannot obtained they cannot work with the residents.</p> | <p>2/20/16</p> |
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1 medication re-evaluation [redacted] not obtained.</p> | <p>Resident #1 medication re-evaluation [redacted] was not obtained. My future plan to avoid deficiencies in the future need and should follow 11-100.1-5 under medication (g). To reminder must have a reminder book (Calendar) where can write down all documents / clearances & expiration date.</p> | <p>7/25/16</p> |

| | Rules (Criteria) | Plan of Correction | Completion |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS Substitute Care Givers #1, #3 documentation of five hours of continuing education only. Submit documentation of seven additional hours of continuing education with plan of correction for each SCG.</p> | <p>Substitute care giver #1, and #3 documents enclosed. To prevent similar deficiency, my future plan, I should follow the 11-100.1-83(5) that all caregivers shall have 2 hrs. documented evidence of success successful completion of twelve hours continuing education courses per year. So I must remind all substitute care givers in advance like a month so that they have enough time to renew. To maintain this I have exclusive reminder book (Calendar) for all documents/clearances + expiration dates. If they can not obtained the 12 hrs I don't let them work with the residents.</p> | <p>3/23/16 3/24/16 2 hrs. 3/21/16 3 hrs. 3/24/16 - 3 hrs 3/23/16 2 hrs 3/24/16 2 hrs</p> |
| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) 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>Review the care plan monthly, or sooner as appropriate;</p> <p>FINDINGS Resident #1 No documentation that case manager conducted monthly review of care plan 10/15.</p> | <p>Documentation of the Case Manager Care Plan was enclosed 10/15. To prevent similar deficiency, I should follow 11-100.1-88 (c)(3). Case management qualification + services must review the care plan monthly or sooner as appropriate. To avoid similar deficiency in the future make sure that the CM leave a copy that shows that they review the care plan monthly.</p> | |
| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) 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>Documentation of case Manager was enclosed, my future plan to prevent similar deficiencies I should follow 11-100.1-88 (c)(8). Case management qualification, make sure I will make that I review the case manager notes + recommendations before they leave the house.</p> | <p>8/8/16</p> |

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| | <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p>FINDINGS Resident #1 No documentation that case manager had monthly face to face contacts with resident [REDACTED]</p> | <p>To avoid similar deficiency & should follow the 11-100.188(c)(8) that the case manager will have face to face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident needs & the care giver capabilities. In the future to avoid similar deficiency before the case manager leave must make sure that she/he leave a copy that they review the care plan.</p> | |

Licensee's/Administrator's Signature: Barbara Cabanes

Print Name: Barbara Cabanes

Date: 4/14/16

Licensee's/Administrator's Signature: Barbara Cabanes

Print Name: Barbara Cabanes

Date: 7/26/16

Licensee's/Administrator's Signature: Barbara Cabanes

Print Name: Barbara Cabanes

Date: 8/9/16