

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Maldonado, Elizabeth (ARCH)	CHAPTER 100.1
Address: 2316 Kaha Place, Honolulu, Hawaii 96819	Inspection Date: May 9, 2016 Annual

IMMEDIATE ADVISORY

POSTING OF DEFICIENCIES AND PLANS OF CORRECTIONS

If you fail to submit a plan of correction (POC) within ten (10) working days of receipt of your Statement of Deficiencies (SOD): Your SOD will be posted on the Department of Health (DOH) website with the following statement:

**"POC NOT RECEIVED AS OF <DATE>"**

If you initially submit an unacceptable POC (UPOC), you have ten (10) working days to submit an acceptable POC. If the revised POC is still unacceptable, your SOD will be posted on the DOH website with the following statement:

**"POC NOT ACCEPTABLE"**

If you initially submit an unacceptable POC (UPOC), but you fail to submit a revised POC, your SOD will be posted on the DOH website with the following statement:

**"POC NOT ACCEPTABLE"**

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (a)(4)  General operational policies of an ARCH or expanded ARCH shall be submitted by the applicant in writing to the department prior to licensure and shall include, but shall not be limited to:</p> <p>Visiting hours;</p> <p><b>FINDINGS</b>  Resident #1 No signed general operating policy (GOP) detailing rights to visitors. [REDACTED]</p> <p>copy at all. <b>Submit copy of signed general operating policy with plan of correction.</b></p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> <i>Have Resident # 1 sign another GOP.</i></p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b>  <i>Make sure a copy of GOP is in permanent record file with care home and accessible on demand</i></p>	<p><i>8-28-2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c)  A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><b><u>FINDINGS</u></b>  Resident #1 No signed general operating policy (GOP) detailing rights to visitors. [REDACTED]</p> <p>copy at all. Submit copy of signed general operating policy with plan of correction.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> <i>Have resident #1 sign another copy.</i></p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b>  <i>Have a permanent copy of GOP in resident's folder and accessible on demand</i></p>	<p><i>8-29-16</i></p>

	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><b>FINDINGS</b> Household Member #1, Household Member #3 No documentation of current annual physical examination. <b>Submit copies of current annual physical examinations with plan of correction.</b></p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> Household #1 had a PE done on 11-12-15. Household #3 PE done on 12-22-15 [REDACTED]</p> <p>[REDACTED]</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> Schedule and post reminders on calendars to do PE ahead of last PE exam.</p>	<p>11-12-15</p> <p>8-29-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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>FINDINGS</b> Household Member #2, Household Member #3 No documentation of current annual TB clearance. <b>Submit copies of current TB clearance with plan of correction.</b></p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> <i>Have household member #2 and 3 do a TB assessment and attestation exam.</i></p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <div style="background-color: black; width: 100%; height: 40px; margin-bottom: 5px;"></div> <p><i>Any household member will have a TB clearance before moving into home.</i></p>	<p><i>6-20-16</i></p> <p><i>8-10-16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><b>FINDINGS</b> Resident #1 [REDACTED] ordered, medication administration record does not reflect medication made available [REDACTED]. Licensee informed me that [REDACTED] does [REDACTED] medication administration record entries all at the end of the month.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> <i>Start recording in MAR daily checks so [REDACTED] will not forget and miss proper documentation.</i></p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> <i>Check MAR sheets daily as meds are given and log them in immediately</i></p>	<p><i>8-29-16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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 No documentation of [REDACTED] made available [REDACTED]</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> <i>Start writing in results of meds taken + observations of conditions for treatment given.</i></p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> <i>I will document + note results when meds is taken by Resident #1 [REDACTED].</i></p>	<p><i>8-29-16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><b><u>FINDINGS</u></b> Resident #1 No documentation of monthly weights. [REDACTED]</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> <i>Current + subsequent record of residents where log in on a monthly basis.</i></p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b> <i>All residents weights will be taken on the 1st of each month</i></p>	<p><i>8-29-16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b>FINDINGS</b> Resident #1 No documentation for physician visits on [REDACTED]</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> <i>Call physicians to send a duplicate of visits for [REDACTED] records.</i></p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> <i>I will be sure document of each visit is given by the physician when leaving the office.</i></p>	<p>8-29-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b>FINDINGS</b> Resident #1 No signed general operating policy (GOP) detailing rights to visitors. [REDACTED] a copy at all. <b>Submit copy of signed general operating policy with plan of correction.</b></p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> <i>Have Resident #1 sign and look over another copy</i></p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> <i>I will keep a signed GOP for resident #1 in [REDACTED] file for [REDACTED] records and be available for access on demand.</i></p>	<p><i>8-29-16</i></p>

Licensee's/Administrator's Signature: Elizabeth Maldonado

Print Name: Elizabeth Maldonado

Date: 8-30-11