

Office of Health Care Assurance

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

OFFICE OF HEALTH CARE ASSURANCE
DHHS-CHCA LICENSING

Facility's Name: Obrero, Esperanza (ARCH)	CHAPTER 100.1
Address: 1609 Malibu Street, Honolulu, Hawaii 96819	Inspection Date: September 22, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p>FINDINGS PCG – Documentation of only five (5) hours of continuing education. Submit copy of one (1) additional hour of continuing education with the plan of correction (POC) that will be credited to the 2015 annual inspection.</p>	<p><i>Submitted quarterly by meeting 11-04-15 wednesday. 3 hrs of inservice attendent.</i></p> <p><i>I will use a log to keep track of my inservice. then check my log monthly, so I know how many I have annually. Needed for Six annually.</i></p>	

<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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 PCG – No screening for symptoms consistent with pulmonary tuberculosis. Submit copy with the POC.</p>	<p>Putting together on staple together P2. And T.B. Form so it always be ready upon inspection.</p>	
		<p>So the Doctor complete The Form at the same time. I will check that both Forms completed.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS SCG #1 & SCG #2 – No documentation of training by the PCG to make medication available to residents. Submit copy of training with the POC.</p>	<p>SCG #1 + #2 trained by PCG to make prescribed medications available to residents + properly record such action</p>	<p>09/24 to 25 2015</p>
		<p>when I hire new care givers I will use a check list so I don't forget, they ^{need} medication training.</p>	

<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p>FINDINGS No metal stem thermometer to check cold food temperatures.</p>	<p>Bought Echo Brand thermometer for hot and cold Food Temperature</p>	<p>10/23/25</p>	
		<p>I place the thermometer in the spoon drawer, I will check every day that is always there.</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>It was an expired empty tube that PCG neglect to discard.</p>		
<p>FINDINGS [redacted] ointment unsecured in the resident living area.</p>		<p>PCG Throw it in the trash during inspection</p>	<p>09/20/15</p>	
		<p>also have to check the leaving room area for resident every day, so that no medications lying around, inform substitute caregiver to also check medication not unsecured</p>		



§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.

FINDINGS

Resident #1 - [redacted] no documentation that the medication has been applied.

Resident #1 - [redacted]
The medication record reflected the medication is taken [redacted] with other medication and breakfast.

I started recording right after the inspection. To prevent a similar deficiency I gonna record it as soon as I get the Doctors order.
Read the labels on the bottle in follow instructions.



§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

Resident #1 - The PCG was on vacation [redacted]; however, the medication record was initialed by the PCG.

In the future of PCG absent, SCG must have own initials of date + Time \bar{c}
All med given to residents.



§11-100.1-17 Records and reports. (b)(3)
During residence, records shall include:

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;

FINDINGS

[REDACTED]

Started documenting after inspection.

To prevent similar deficiency I will document in my progress note [REDACTED]

[REDACTED]



§11-100.1-19 Resident accounts. (a)
The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.

FINDINGS

Resident #1 - Resident Financial Statement was not current.

[REDACTED]

Immediate comply taken

[REDACTED] and
now Resident #1 signed new contract for [REDACTED] Service care at ARC H.

Sept 23/15

When I am notified of any change in the resident responsible party, I will update the financial statement right away.



§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C)

Residents' rights and responsibilities:

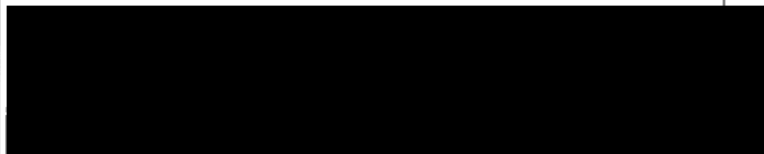
Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:

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;

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;

FINDINGS

Resident #1 – No documentation that resident/family/responsible person was informed of the charges for services.



To prevent a similar deficiency I will use my admission check list so the rates for service can be established and documented.



§11-100.1-23 Physical environment. (h)(3)

The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.

All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;

FINDINGS

Two (2) large bags of rice stored on the floor.

I will make a sign and inform substitute caregivers and household members that food must be stored above the ground floor. I have a shelf for the foods.

1 Bag of rice in storage is 8 inches above the floor & 1 bag inside a metal rice container upstairs.

Sept 22/15

Licensee/Administrator's Signature: Esperanza T. Obiero

Print Name: ESPERANZA T. OBIERO

Date: Sept. 02, 2016

Licensee/Administrator's Signature: Esperanza T. Obiero

Print Name: Esperanza T. Obiero

Date: Oct 10, 2015