

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Estrelita Luczon (ARCH)	CHAPTER 100.1
Address: 249-A Ala Malama Avenue, Kaunakakai, Hawaii 96748	Inspection Date: September 24, 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 Primary care giver has zero hours of continuing education hours. SUBMIT 6 HOURS OF COMPLETED CEU's WITH YOUR PLAN OF CORRECTION (POC).</p>	<p>① I completed of 8 Hours CEU on 6/18/16.</p> <p>② In the future, I will attend classes offered by ARCA as a member.</p> <p>ARCA informed me by email monthly of what courses are being offered. I will attend and complete 6H of CEU's yearly prior to my inspection month.</p>	8/17/16

	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 Family member #1 no physical examination on file. SUBMIT COPY WITH YOUR POC.</p>	<p>Please see at the back of this page for the answer.</p> <p>Thank you. Estimela Luczon, RN, CCHT.</p>	<p>8/17/16</p>
<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 Family Member #1 no tuberculosis clearance on file. SUBMIT COPY WITH YOUR POC.</p>	<p>Please see at the back of this page for the answer.</p> <p>Thank you. EPA, ASCHT</p>	<p>8/17/16</p>

① 11-100. 1-9

① 9A. The family member has moved to [REDACTED]

② In the future, I will use my daily Planner to remind me of needed Physical and T.B Test for myself, my Substitute Caregiver and my Residents by entering one month or two months ahead of due time, to get their Physical Examination. *Lucy, ASCHD.*

11-100. 1-9

9B. The family member has moved to [REDACTED]

② In the future, I will use my daily Planner to remind me of needed T.B Clearance for myself, my Substitute Caregiver and my Residents by entering one month or two month ahead of time to remind me to get their T.B Clearance.

Thank you,
Zelma Lucero, ASCHD

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	Rules (Criteria)	Plan of Correction	Completion Date
<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 Primary care giver no current cardiopulmonary resuscitation certification on file. SUBMIT COPY WITH YOUR POC.</p>	<p>Please see attached copy. Scheduled for renewal with [REDACTED] mid week of May 2016. I will use a calendar to remind me of the expiration date.</p>	<p>April 14, 2016.</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p>FINDINGS No times listed on fire drill for 10/2014 thru 6/2015.</p>	<p>Done; Time has been noted when ever Fire drill conducted 06/07/16 to the Residents. In the future, I will make sure to take note of the time it takes for the Residents to evacuate the facility in case fire emergency happens.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Metal stem thermometer reads only hot temperatures.</p>	<p>Metal stem thermometer has been purchased; Please see attached copy of receipt.</p>	<p>10/19/2015</p>
		<p>#2. In the future, I will have a working thermometer that measure heat and cold in my home to use all the time. My caregiver Subst. will do monthly checks that thermometer is working.</p>	<p>8/17/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #2 no physician order for [redacted] as listed as given on medication administration record. CLARIFY ORDERS.</p>	<p>Verified with DR. Pedri, [redacted] [redacted] clarified Pt #2 medication was [redacted]; Please see attached copy for verification and doctor's signature.</p>	<p>10/18/2015</p>
		<p>Please see at the back of this page for the answer.</p>	<p>8/17/16</p>

11-100, 1-15 (a)

② 15A. In the future, all Physician orders will be checked by myself and re checked by my Substitute to ensure that the orders on the mark are valid. Check will be completed at each Doctor's visit and the first of the month to ensure that the orders for the next month is correct. Quizon, Mako

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p>FINDINGS Resident #2 physician order dated [redacted] reads, [redacted] MAR's for [redacted] through [redacted] shows medication given [redacted]. CLARIFY ORDERS.</p>	<p>DR. Gise Clarified orders initial that [redacted]</p>	<p>April 14, 2016</p>
		<p>Please see at the back of this page for the answer.</p>	<p>2/17/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p>FINDINGS Resident #2 emergency data sheet has no medication listed.</p>	<p>Resident number 2 has [redacted] current medication attached to [redacted] Identifying Emergency Information in the event of an Emergency.</p>	<p>April 14, 2016.</p>
		<p>Please see at the back of this page for the answer.</p>	<p>2/17/16</p>

11-100.1-15 (4)

(2) (14)

In the future all Physicians orders will be checked by myself and re checked by my Substitute to insure that orders on the mark are valid:

Check will be completed after each Doctor's visit and the first day of the month to insure that the orders for the month is correct.

Estelita P. Singson, ARCHO

11-100.1-17 (e)

#2 (e) In the future, I will attached the current medications lists to the emergency Data sheet available to my Resident in an event of emergency. Also, to insure my Substitute caregiver provides the information for every Physicians visit.

Dugon, ARCHO.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Resident #1 listed in general register [REDACTED]</p>	<p>Resident #1 has been noted [REDACTED]</p>	<p>09/26/2015</p>

11-100.1 1-17 (H)

17H-①



② In the future I will note in the General Register of the date of discharged including conditions for every exit from my house.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p>	<p>Smoke Detectors are all individual battery operated often check to make sure all are operable in event of emergency or fire within the vicinity. Hard wiring smoke detectors has been removed and the beeping sound has been resolved.</p>	<p>April 14, 2016.</p>
	<p>FINDINGS Smoke detector beeping, not in proper working order.</p>	<p>Please see answer at the back of page 5. Thank you.</p>	<p>8/17/16</p>

11-100-1 236 (3)

4. ① In the future, all my smoke Detectors are
now Battery operated and not a hard wire.

Both myself and substitute caregiver
Check the Smoke Detectors monthly and
Batteries will be changed as needed.

Thank you
Estrella J. Lopez

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Licensee/Administrator's Signature: Estrelita P. Luczon ARCHO
Print Name: ESTRELITA P. LUCZON ARCHA
Date: October 20, 2015

Licensee/Administrator's Signature: Estrelita P. Luczon ARCHO
Print Name: ESTRELITA P. LUCZON
Date: April 14, 2016

Licensee's/Administrator's Signature: Estrelita P. Luczon, ARCHO
Print Name: ESTRELITA P. LUCZON
Date: June 07, 2016

Licensee's/Administrator's Signature: Estrelita P. Luczon, ARCHO
Print Name: ESTRELITA P. LUCZON, ARCHO
Date: August 26, 2016