

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hermelina Apuya	CHAPTER 100.1
Address: 92-971 Paakai Street, Kapolei, Hawaii 96707	Inspection Date: October 14, 2015

**IMMEDIATE ADVISORY**

**POSTING OF DEFICIENCIES AND PLANS OF CORRECTIONS**

<p>If you <u>fail to submit</u> a plan of correction (POC) within <u>ten (10) working days</u> of receipt of your Statement of Deficiencies (SOD): Your SOD will be posted on the Department of Health (DOH) website with the following statement:</p> <p style="text-align: center;"><b>“POC NOT RECEIVED AS OF &lt;DATE&gt;”</b></p>
<p>If you initially submit an <u>unacceptable</u> POC (UPOC), you have <u>ten (10) working days</u> to submit an <u>acceptable</u> POC. If the revised POC is still unacceptable, your SOD will be posted on the DOH website with the following statement:</p> <p style="text-align: center;"><b>“POC NOT ACCEPTABLE”</b></p>
<p>If you initially submit an <u>unacceptable</u> POC (UPOC), but you <u>fail to submit</u> a revised POC, your SOD will be posted on the DOH website with the following statement:</p> <p style="text-align: center;"><b>“POC NOT ACCEPTABLE”</b></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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>            Substitute Care Giver (SCG) #1 and Household Member (HM) #1, no exam by a physician prior to first contact with the residents. <b>Please submit documentation with the plan of correction (POC).</b></p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Yes</i>            SCG #1 faxed [redacted] Physical Exam to carehome operator on 8/12/16            Document enclosed / submitted to DOH.</p> <p>HM #1 got [redacted] Physical Exam on Aug 11, 2016; Copy of document submitted to DOH</p>	<p>8/12/16</p> <p>8/11/16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-9(a)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future I will tell anyone who (who) come to live or work in my carehome to bring or submit a physical Exam signed by a physician on or before any contact with residents.</p>	9/7/16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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><u>FINDINGS</u>            SCG #1 and HM #1, no annual tuberculosis clearance.            Please submit documentation with the POC.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>yes</p> <p>SCG #1 faxed [redacted] TB Clearance to carehome operator on 8/12/16            Document submitted to DOH</p> <p>HM #1 got [redacted] TB Clearance on 2-26-16 and gave a copy to carehome operator. Copy of document submitted to DOH</p>	<p>8/12/16</p> <p>8/12/16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-9(b)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future I would communicate to anybody who comes to live or work in my carehome to bring and submit an annual TB clearance because it is a requirement living in the carehome. Thereafter a yearly TB clearance is needed. I would mark in the calendar and make a review of the requirements 2 months before my annual inspection and remind my staff and family members to go to their doctor for the TB clearance.</p>	9/7/16

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> SCG #1, no first aid certificate. Please submit documentation with the POC.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>yes</i></p> <p>SCG #1 got [redacted] First Aid Certification on Dec 17, 2015. Certification Card Basic Plus, CPR AED and First Aid for adults submitted to DOH</p>	<p>8/18/16</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
RULE # 11-100.1-9(e)(3)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>CPR and First Aid is renewed every 2 years. In the future six months prior to my annual inspection I would make a checklist of the requirements of my annual inspection. I would review the requirements and remind my substitute caregivers to renew their First Aid certificate in a timely basis.</p>	9/7/16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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><b><u>FINDINGS</u></b> SCG #1, no cardiopulmonary resuscitation certificate. Please submit documentation with the POC.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>yes</i></p> <p><i>SCG #1 got [redacted] CPR certificate on 12/17/15 a copy of CPR AED and First Aid certificate submitted to DoH</i></p>	<p><i>8/18/16</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-9(f)(1)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Six months prior to my annual inspection I would make a check list of the requirements for my annual inspection. I would review the dates of the expiration of the CPR and inform my substitute caregivers when to attend and get their CPR's renewed. They must submit a copy of their CPR certificate to carehome operator before my annual inspection.</p>	9/7/16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-13 <u>Nutrition</u>. (d)            Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u>            No menus posted in the dining area or in the kitchen.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Yes</i>            carehome operator posted menus week 1, 2, 3, 4 on the afternoon of 10/14/15 in the dining area of the residents and a copy of menus week 1, 2, 3 + 4 in the carehome operator's kitchen</p>	<p><i>8/18/16</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-13(d)	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I would make a routine review of my weekly menu beginning Sunday thru Saturday. I posted my menus week 1, 2, 3 &amp; 4 in the dining area of the residents and in my kitchen. By reviewing the menu carehome operator would know what to buy, prepare, cook and serve the residents</p>	9/7/16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-13 <u>Nutrition.</u> (i)  Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b>FINDINGS</b></p> <div data-bbox="262 573 936 792" style="background-color: black; width: 100%; height: 100%;"></div> <p>Please provide updated diet order with the POC.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <div data-bbox="993 472 1707 610" style="background-color: black; width: 100%; height: 100%;"></div>	<p>8/18/16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-13(i)	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I would check with patients PCP re: diet order. If MD continues special diet, I would continue to provide diet restriction to patient and leave my notes as is. Have MD write the order to clarify issue. If MD agrees with no therapeutic diet order then I would make a note of the change in my Admission Assessment.</p>	9/7/16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Kitchen refrigerator was not equipped with a thermometer.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Yes</i> <i>Carehome operator bought 2 thermometers for the kitchen refrigerator, 1 freezer and 1 refrig on 10/15/2015. Both thermometers are placed in their respective temperatures</i></p>	<p><i>8/18/16</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-14(c)	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I make it a routine to check the temperature of the refriger thermometer and the freezer thermometer. I would check if both thermometers are working and temperature are maintained at 45°F or lower</p>	9/7/16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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><b><u>FINDINGS</u></b> No metal stem thermometer available to check cold foods.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Yes</i> <i>carehome operator bought a metal stem thermometer to check cold foods on 10/15/2015</i></p>	<p><i>8/18/16</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-14(e)	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I bought and use the metal stem thermometer to check the temperature of cold foods. I use the stem thermometer for routine check of cold foods. The thermometer registers from 20°F to 220°F. It is use to check the temp of foods removed from the ref or freezer and help determine cooking times</p>	9/7/14

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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>  Bedroom #3, unsecured medication. [REDACTED]</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>yes</i>  <i>carehome operator took [REDACTED]</i>  [REDACTED]  [REDACTED]  [REDACTED]</p> <p><i>in bed room #3 and keep the meds in the locked medicine cabinet.</i></p>	<p><u>8/18/16</u></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-15(a)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR 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 style="text-align: right;"><i>Check</i></p> <p><i>in the MAR and put the medicine back to the medicine cabinet.</i></p>	<p><i>9/7/16</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><b>FINDINGS</b>  Resident #1, no height recorded [REDACTED]</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>yes</i>  carehome operator took the residents' height after the annual inspection on 10/14/15  [REDACTED]</p>	<p>8/18/16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-17(a)(7)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>upon admission of a new resident I would review the checklist of the DOH office of Health Care Assurance and get all the needed requirements</i></p>	<i>9/7/16</i>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3)            General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><b><u>FINDINGS</u></b>            Facility records unsecured on top of the dining room table.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Yes</i></p> <p><i>care home operator kept all residents records in the locked steel cabinet on 10/14/15</i></p>	<p><i>8/18/16</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-17(f)(3)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>when residents records are not in use I locked all records in the steel cabinet and take out only when in need</p>	9/7/16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><u>FINDINGS</u> Garbage receptacle in the kitchen, no tight fitting cover.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Yes. carehome operator bought a garbage receptacle with a fitting cover and placed it in the kitchen on 10/16/2015</i></p>	<p><i>8/18/15</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-23(j)(1)	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>carehome operator bought and use a garbage receptacle with tight fitting cover and placed it in the kitchen. I would communicate with family members or with staff to use the garbage receptacle properly and dispose the contents every end of the day to avoid prevent insects from entering the house especially in the kitchen</p>	9/7/16

Licensee's/Administrator's Signature: Herminia Apuya

Print Name: HERMELINA APUYA

Date: 9/7/16

~~Licensee's/Administrator's Signature: Herminia Apuya~~

~~Print Name: HERMELINA APUYA~~

~~Date: 8/18/16~~