

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lita Soria (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-346 Hene Street, Waipahu, Hawaii 96797	Inspection Date: December 8, 2015 Annual

	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 #1: No initial two-step tuberculosis skin test. Please submit documentation with the plan of correction (POC).</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> Attached is a step for [REDACTED] [REDACTED]. In the future all family, staffing, and household members will have initial 2 step TB and annual TB test.</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> In the future when someone to work or live in my home, family, staffing, or household members, they will be informed ahead of time and have a 2 step TB clearance before the first day of living or working in my facility. Documents will be current in my records.</p>	<p>8/9/16</p> <p>8/22/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(3)  The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Response to disasters which would include evacuation, emergency shelters, and food supply, and as directed by the Civil Defense.</p> <p><b>FINDINGS</b></p> <ol style="list-style-type: none"> <li>1. "Lita Soria ARCH/EARCH Emergency Procedure" - no address listed in the fire emergency section of the procedure for emergency housing.</li> <li>2. "Dear Parent/Guardian Emergency Plans" reads, "FIRE: Should the facility be damaged by fire to the extent that we are unable to occupy it, we will be temporarily housed at 94-346 Hene St. Waipahu, HI 96707". However, the address listed is the exact same address as the facility and is not appropriate for your emergency plan. Please identify a specific address for emergency housing and update the two (2) documents listed above.</li> </ol>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>1) In case of fire we will go down the street away to my brother's house [redacted] Address has been added to Emergency plan.</p> <p>2) In case of fire that prevents us from occupying the house, the residents will temporarily stay next door at my friend's house [redacted]. The address has been corrected on Emergency plan.</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future I will check my emergency plans quarterly and have a document that shows the dates it was checked to assure plan is up to date. I will also change address at such time if there are changes in address or availability.</p>	<p>8/9/14</p> <p>8/9/16</p> <p>8/22/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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><b>FINDINGS</b> No menu posted in the resident dining area.</p>	<p>The current menu is now posted on the dining room wall that residents can see. The menu will be posted if there are any revisions made.</p>	<p>8/9/16</p>
<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, physician order, [REDACTED] The medication record entry area for this medication, [REDACTED] is blank. No documentation to indicate administration of medication or</p>	<p>The medication was given and I forgot to initial it. In the future I will initial medications as I give them so it can be overlooked.</p>	<p>8/9/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b>FINDINGS</b> [REDACTED] Please review the resident schedule with the resident, update and date the activities schedule form.</p>	<p>Developed activity plan [REDACTED]</p> <p>In the future I will update the activity plan right away if there are changes.</p>	<p>8/9/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>  Repeat citation. Incident reports incomplete as follows:</p> <ol style="list-style-type: none"> <li>1. While Emergency and urgent care physicians examined residents and care giver(s) described resident circumstances in report forms for unusual incidents, [redacted] care giver(s) left the "Orders" area blank [redacted].</li> <li>2. Resident #1 refused treatment [redacted]. No documentation of resident refusal.</li> </ol>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b>  <i>Incomplete Incident reports 5 times. All 5 incident reports amended. Orders are completed.</i></p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b>  <i>PLS. see attached sheet.</i></p>	<p><i>8/9/16</i></p> <p><i>8/22/16</i></p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (c)	<b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b>	8/22/16

1) In the future when an incident report is written I will complete the order section.

2) In the future incident reports for any bodily injury or other unusual circumstances affecting my resident will be completed ~~and~~ <sup>a.s.</sup> and filed in my incident reports section of my "Care Home Folder" which is made available to the department during inspections.

Steps - 1) When an incident occurs, it is documented in my progress notes.

2) An incident report of the injury or unusual circumstance is documented.

3) The incident report is filed in the "incident report section" of my "Care Home Folder".

4) The Care Home Folder including the incident report section is made available to the nurse consultant at any time requested and at inspections.

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Licensee's/Administrator's Signature: Angelita A. Sorin

Print Name: ANGELITA A. SORIN

Date: 8/9/16

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Licensee's/Administrator's Signature: Angelita A. Sorin

Print Name: ANGELITA A. SORIN

Date: Aug. 22, 2016