

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mildred's	CHAPTER 100.1
Address: 94-1273 Peke Place, Waipahu, Hawaii 96797	Inspection Date: March 3, 2015 Annual

	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><b>FINDINGS</b></p> <ul style="list-style-type: none"> <li>• Primary care giver (PCG): No tuberculosis clearance. Submit copy with plan of correction (POC.)</li> <li>• Substitute care giver (SCG) #3: No tuberculosis clearance. Submit copy with POC.</li> </ul>	<p>I will make sure that have signed a dated copy for my attestation on SCG #3 TB test. In the future I will added to my checklist that I will review every form that had Doctor Signature &amp; date before I accept it &amp; put in the binder. I will also train my staff to make sure that the form fully filled out &amp; had a ASD sign &amp; date before they leave the office. Copy enclosed.</p>	4/28/15
☒	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b>FINDINGS</b> Resident#1: No special diet menu [REDACTED]</p>	<p>Review what was diet ordered by MD upon admission and make menu plan according what was ordered and referred to checklist so to avoid recurring deficiency</p>	5/4/14

	Rules (Criteria)	Plan of Correction	Completion Date
✓	<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.  <b>FINDINGS</b> Six (6) cases of water and two (2) cases of Pepsi stored in hallway on tile floor.	Remove the cases of H <sub>2</sub> O & bot of soda placed at least 6" above the floor. In the future I will re-arrange a shelf unit to accommodate heavy cases and soda at the lower level & use that when I store H <sub>2</sub> O & soda. I will also write a policy for my caregivers that they never store food directly on the floor. I will train my staff.	4/28/15
NAH	<input checked="" type="checkbox"/> §11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(D) Residents' rights and responsibilities:  Each resident shall:  Physical restraints may only be used in an emergency when necessary to protect the resident from injury to self or to others. In such a situation the resident's physician or APRN shall be notified immediately to obtain an assessment for least restrictive alternatives to restraint use. If restraint use is determined to be necessary, written orders shall be obtained from the resident's physician or APRN indicating the form of restraint to be used, the length of time restraint shall be applied, the frequency of use and the alternative care that can be provided to the resident. If a less restrictive alternative to restraint exists, it must be used in lieu of the restraint. The resident's family, legal guardian, surrogate or representative, and case manager shall be notified if no alternative to restraint exists and a written consent shall be obtained for restraint use. The restraint use shall be in compliance with the Type I ARCH's written policy, as	As soon as I realized I need a doctor order & that the CM/MD before I have to do that. I will call CM stating that is wrong for us to use the [redacted] without MD's order. [redacted] will call the MD for the order & fax to PCG. I also realized now that the care plan by the CM states that the order will be re-assessed weekly on resident # [redacted] [redacted] (cont on next page)	4/28/15

Rules (Criteria)	Plan of Correction	Completion Date
<p>approved by the department;</p> <p><b>FINDINGS</b> Resident#1:</p> <ul style="list-style-type: none"> <li>No physician order for use of restraints [redacted]</li> <li>No notification of family regarding use of restraint.</li> <li>Case manager (CM) care plan includes use of restraints [redacted] and acknowledges need for physician order. Submit copy of physician order with POC.</li> </ul>	<p>by the resident [redacted] to see that will reduce [redacted] potential for falling in the [redacted] &amp; feel comfortable. I will continue to follow CM/MD, or any professional until we have a positive resolution &amp; I will continue the progress noted about the resident [redacted] issue. Once [redacted] been resolved, the staff &amp; myself will need training for the resident best care.</p>	<p>4/28/15</p>
	<p>with clients preference to have [redacted] up, needs to discuss with clients, family members that in [redacted] also the needs to obtained a doctors order before use. Informed also the case management that such a need will reflect on the care plan and documented</p>	<p>6/30/16</p>
	<p>to avoid recurring of the same deficiency.</p>	<p>6/30/16</p>



§11-100.1-23 Physical environment. (i)(3)(B)  
 All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.

Doors:

When multiple locking devices are used on exits, a maximum of two locking mechanisms for egress shall be allowed;

**FINDINGS**

Four (4) locking devices on front exit.

Only then I realized I have multiple locking devices on exits. I will only make sure that have two locking mechanism in compliant to country building code. I will make sure that in case of an emergency especially wheelchair residents have an easy access & open door without difficulty.

Review the building code / fire codes again and have to be in compliance to the existing codes  
 It was removed and completed / corrected the following day  
 ( 3-4-2015)

5/4/16

WAA



§11-100.1-88 Case management qualifications and services.  
(c)(4)

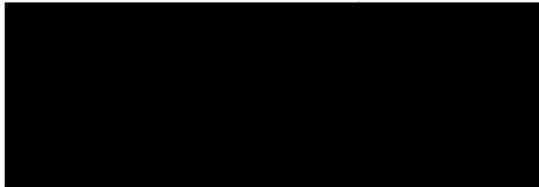
Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:

Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;

FINDINGS

CM care plan last reviewed 2/17/15, was not accurate regarding:

- Nutrition:



- Mobility:



In collaboration w my CM, I should read fully what was written in the care plan & work out <sup>together</sup> what reflects on the care given to the client.

4/28/15

Make checklist on all care plans needed and work together with case managers, also with proper documentation needed to be in place, at the time of admission or available.

5/4/14

<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e)          The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><b>FINDINGS</b></p> <ul style="list-style-type: none"> <li>Substitute care givers (SCG) #2, #3 and #4, have not reviewed 5/24/14 CM care plan. <b>Submit verification of review with POC.</b></li> <li>No CM training documented for PCG and SCGs.</li> </ul>	<p>I will make sure that my staff read &amp; signed any plan of care, services, interventions rendered to residents. I will train my staff that after reading care plan it needs to be documented / signed before filing in my binder (clients binder).</p>	<p>4/28/15</p>
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Licensee/Administrator's Signature: Mildred A. Bumanglag  
 Print Name: MILDRED A. BUMANGLAG  
 Date: 5/1/15

Licensee/Administrator's Signature: Mildred A. Bumanglag  
 Print Name: MILDRED BUMANGLAG  
 Date: 5/4/14

Licensee's/Administrator's Signature: Mildred Bumanglag  
 Print Name: MILDRED A. BUMANGLAG  
 Date: 6-30-2014