

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Olipares, Celestina (ARCH)	CHAPTER 100.1
Address: 45-693 Keneke Street, Kaneohe, Hawaii 96744	Inspection Date: May 19, 2015

	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><b>FINDINGS</b> Substitute Care Giver #5 Annual physical exam expired 5/17/15. Submit physical exam with your plan of correction.</p>	<p>SCG #5 had an appointment prior to [redacted] PE expires, but inspection was done before [redacted] set appointment. In the future we will make sure to make reminders for all SCG to have their annual PE before it expires and as much as possible prior to inspection date. If not then I will not allow them to work until annual PE is done.</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><b>FINDINGS</b> Substitute Care Giver #5 Annual TB clearance expired</p>	<p>SCG #5 had an appointment prior to [redacted] annual TB test expires. In the future we will make sure to make reminders for all SCG to have their annual TB test done before the expiration date.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	5/17/15. Submit TB clearance with your plan of correction.	If not then I will not allow them to work with the resident until TB test is done.	
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (e)(4)</p> <p>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><b>FINDINGS</b>            Substitute Care Givers #1, #2, #3, #4, #5 No documentation of training to make medications available to residents.            Submit documentation of training to make medications available to residents with your plan of correction.</p>	<p>In the future we will make sure to make a checklist of all necessary training needed for all SCG's. All necessary paperwork will be checked/documentated upon training.</p> <p>If not then I will not allow them to administer medications until training is conducted and documented.</p>	5-26-2015

<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(1)  The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Arranging for immediate transfer or evaluation by a physician for any resident who becomes acutely ill, injured, or dies;</p> <p><b>FINDINGS</b>  No emergency plan.</p>	<p>Emergency care of residents and disaster preparedness was drafted right after the inspection date. In the future I will make sure to evaluate/renew emergency plan annually.</p>	<p>5-20-2015</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><b>FINDINGS</b>  No metal stem thermometer to measure hot and cold.</p>	<p>A metal stem thermometer was purchased on 5-20-15.</p>	<p>5-20-2015</p>

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☒	<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><u>FINDINGS</u>            Lockable medication storage unsecured.</p>	<p>All medications are now kept in a locked container. A separate locked container was purchased on 5-20-15 in case medication will require storage in a ref.</p>	<p>5-20-2015</p>
☒	<p>§11-100.1-15 <u>Medications.</u> (h)            All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u>            Resident #1 [redacted] order to [redacted] not countersigned in physician orders.             Resident #1 [redacted] order to [redacted] not countersigned in physician orders.</p>	<p>Medications mentioned for resident #1, Physician already countersigned on Physician order sheet. In the future I will make sure that all telephone and verbal orders for medication shall be recorded immediately on the Physician order sheet and written confirmation will be obtained at the next doctor's visit.</p>	<p>6-1-15</p>
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3)            During residence, records shall include:</p> <p>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;</p>	<p>In the future I will make sure that documentation will be completed immediately on Progress Note to reflect response/observation on PRN medications.</p>	<p>6-30-15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><u>FINDINGS</u></p> <div style="background-color: black; width: 100%; height: 40px;"></div>	<p>In the future, to avoid repeating this kind of mistake we will make sure to write and follow the correct MD order. We will correctly and clearly record and add new medication order in MAR.</p> <p>We will discontinue the old order and write the new order after Doctor's visit as soon as resident returns.</p>	<p>6-15-15</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><u>FINDINGS</u></p> <div style="background-color: black; width: 100%; height: 40px;"></div>	<p>Resident #1's Resident Emergency Information is now updated. In the future I will make sure to check/change/update Resident Emergency Information in a monthly basis.</p>	<p>6-15-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident records unsecured in lockable room.</p>	<p>Residents records are now secured in locked filing cabinet. Lockable cabinet was purchased right after the inspection. In the future i will make sure that records and reports are locked securely.</p>	<p>6-15-15</p>

	Rules (Criteria)	Plan of Correction
	<p>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:</p> <p>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;</p> <p><b>FINDINGS</b> Resident #1 No specific charges for services.</p>	<p>In the future we will make sure that the checklist of admission is being followed. Before admitting a resident all documents will be completed and signed.</p> <p>If not then I will not admit the resident until all documents are completed and signed.</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>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:</p> <p>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;</p>	<p>Policies regarding Resident #1's rights and responsibilities in which the charges for services is specified was given to the resident and [redacted] trustee. In the future i will make sure to follow the checklist before admission, if checklist is not complete I will not admit any resident.</p>	<p>6-15-15</p>
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	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> Resident #1 No specific charges for services.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><b>FINDINGS</b> Resident #1 #3 No plastic pillow protector or permanent marking to indicate ownership of pillow.</p>	<p>Plastic pillow protector and permanent marking is already placed in all our residents bedroom furnishings. In the future i will make sure to put permanent markings to indicate ownership.</p>	6-15-15
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b>FINDINGS</b> [REDACTED]</p> <p>Resident bathroom. Signaling device cannot be heard beyond confines of bathroom.</p>	<p>Signaling device, [REDACTED] is provided/purchased and placed in every resident's bedside, in the bathroom/toilet rooms, living room, kitchen or dining room. In the future i will make sure to check the signaling device weekly to ensure that it can be heard beyond confines of bedroom / bathroom.</p>	6-15-15

Licensee's/Administrator's Signature: Celestina Olipares

Print Name: CELESTINA OLIPARES

Date: 4/6/2016

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Licensee's/Administrator's Signature: Celestina Olipares

Print Name: CELESTINA OLIPARES

Date: 4-27-2016

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Licensee's/Administrator's Signature: Celestina Olipares

Print Name: CELESTINA OLIPARES

Date: 6-11-16

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Licensee's/Administrator's Signature: Celestina Olipares

Print Name: CELESTINA OLIPARES

Date: 8-25-2016

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