

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cuaresma ARCH	CHAPTER 100.1
Address: 94-548 Farrington Highway, Waipahu, Hawaii 96797	Inspection Date: June 2, 2016 Annual

	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 Substitute care giver (SCG) #1 & SCG #3 – No physical examination. Submit a copy with the plan of correction (POC).</p>	<p><i>Before my inspection I have to remind my substitute to take physical examination and TB screening Test.</i></p> <p><i>I told my SCG #1 & #3 to get their P.E. copies submitted. I will use a chart and check the chart monthly to keep track of the P.E. for my SCG's myself so I can remind them to schedule an appointment 3 month before my inspection. I will check to make sure I receive the copy of the P.E.</i></p>	<p><i>9/28/16</i></p> <p>RECD 16 OCT</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 SCG #2 – TB skin test placed on 4/7/16; however, the date read was not documented. Submit a copy with the POC.</p> <p>SCG #3 – No screening for symptoms consistent with pulmonary tuberculosis. Submit a copy with the POC.</p>	<p>I will remind my substitute that before get out from Dr. office should check the date for reading TB Test.</p>	<p>6/29/16</p>	
		<p>Copy of TB skin test submitted for SCG #2. copy of the screening TB submitted for SCG #3. I will use a chart and check the chart monthly to keep track of the T.B. clearance. I will remind my SCG to schedule an appointment 3 month before expiration in the month before expiration I will check to make sure I received the copy of the TB clearance.</p>	<p>9/28/16 -5:15 E.M.V.C.U.</p>	
		<p>I will check that the TB Test has the date place and the read before I file. I will staple the P.T. and screening form together so that they are completed at the same time for SCG #3.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) 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>FINDINGS All SCGs – No documentation of training to make medications available to residents. Submit a copy for each with the POC.</p>	<p>I will be very careful to train to make medication available to residents.</p> <p>I trained all my SCG and submitted copy of the training. For new SCG I made a check list of documents they need to have before they start working including medications for residents.</p> <p>Every year I will renew the training with SCG.</p>	<p>6/29/16</p> <p>9/28/16</p>	

<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><u>FINDINGS</u> Menu was not posted in the resident dining area.</p>	<p><i>I posted the menus in the dining room & kitchen. Every week when I change my menu in the kitchen I will change / post the menu in the resident dining area.</i></p>	<p>9/28/16 OCT -5 P12 RECEIVED</p>
<input checked="" type="checkbox"/>	<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> Refrigerator in the kitchen had a digital metal stem thermometer which registered 47° F & 50° F when checked.</p>	<p><i>I bought a refrigerator thermometer for upstairs and downstairs refrigerator. Every time I open the refrigerator I will check the reading of the thermometer. I will instruct my S & G to check the temperature also.</i></p>	<p>9/28/16</p>



§11-100.1-15 Medications. (e)

All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.

FINDINGS

9/28/16

I will double check Dr's. order and record in my MAR. The BP I will always record the BP in the MAR. If I'm giving the med. Every month when I make new MAR I will double what was recorded on the MAR with the Physician order & medication.

Before I leave the ER I will ask for a written order for the medication

Every time a patient goes to emergency before leaving the hospital I have to check the record that the Dr. write down in the discharge paper.

DEPARTMENT OF HEALTH

16 OCT -5 PM:15

RECEIVED

<input checked="" type="checkbox"/>	<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>FINDINGS Resident #1 – No progress notes</p>	<p>Resident #1 1) I am unable to correct the deficiency. 2) To prevent a similar deficiency I will mark my calendar so that when I do my progress notes I also take the monthly weights. I made a list of tasks I must do every month so I don't forget. I will include the resident's response for medication when they get sick.</p>	<p>9/28/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS Resident #1 – No monthly weights</p>	<p>I am unable to correct the deficiency. To prevent a similar deficiency.</p>	<p>STATE OF CONNECTICUT DEPARTMENT OF HEALTH 16 OCT -5 PM 12:15 RECEIVED</p>

<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><u>FINDINGS</u> Resident #1 – Incident reports were in the resident record.</p> <p>Resident #1 – No progress notes</p>	<p>I removed the incident reports from the resident record & placed in the care home binder.</p> <p>When there is an incident I will write an incident report and file in the care home binder. I will also write progress notes at the of the incident.</p>	<p>9/28/16</p>
<input checked="" type="checkbox"/> <p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – No legend for initials used on records.</p>	<p>I have a legend for care givers initials on the medication record.</p> <p>At the end every month I will check that the S & G write on legend.</p>	<p>9/28/16</p> <p>16 OCT -5 PM</p> <p>RECEIVED</p>
<input checked="" type="checkbox"/> <p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Window screen frame (adjacent to the front door) in the resident area was warped; therefore, did not fit properly creating a gap along the edge of the screen.</p>	<p>I had the window screen fixed</p> <p>I made a checklist of areas I must check to maintain the facility: check windows, screens so can fix right away.</p>	<p>9/28/16</p>



§11-100.1-23 Physical environment. (o)(3)(B)

Bedrooms:

Bedroom furnishings:

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;

FINDINGS

Two (2) of three (3) resident beds did not have pliable plastic pillow protectors.

I bought plastic pillow protectors for all pillows.

check pillow on laundry day 9/28/16 to make sure the plastic cover is there.

If resident refuse to use plastic pillow cover I will put their name on the pillow and disc- card w give to them when discharged.

11/15 11

Licensee's/Administrator's Signature: Julia Cuaresma

Print Name: JULIA CUARESMA

Date: 6/29/16

Licensee's/Administrator's Signature: Julia Cuaresma

Print Name: JULIA CUARESMA

Date: 9/28/16