

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J.B.M. ARCH	CHAPTER 100.1
Address: 94-1282 Hiapaiole Place, Waipahu, Hawaii 96797	Inspection Date: May 10, 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> (b)(1) 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 (SCG) #1 – No screening for symptoms consistent with pulmonary tuberculosis. <b>Submit copy with the plan of correction (POC).</b></p>	<p>* Attestation screening done copy submitted</p> <p>@ In the near future I have to make it sure that all SCG requirements are current and when doing physical attestation screening should be done together.</p>	<p>May 18, 2016 June 3, 2016</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><b>FINDINGS</b></p>	<p>① (SCGs) training done at the day of inspection. copy submitted</p> <p>@ In the near future I have to make it sure that when training is done I will document it right away.</p>	<p>May 10, 2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	Five (5) SCGs – No documentation of training to make medications available to residents. Submit copies for each with the POC.	2. In the near future I have to make it sure that when training is done, I will document it right away.	May 10, 2016
☒	<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><u>FINDINGS</u></b> No pliable plastic pillow protectors for two (2) resident beds.</p>	<p>① Pillow protectors was change at the day of inspection.</p> <p>② In the near future, I have to make it sure that pillow protectors are plastic and make sure that sales person will give me the right one.</p>	May 10, 2016

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> SCG #1 – Documentation of ten (10) hours of continuing education courses. Submit copies of two (2) additional hours with the POC.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p><i>Two additional hours has been obtained and submitted. Documented that 12 hours was completed.</i></p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will use a checklist to record all the inservices for all my substitute caregivers after each inservice. I will review my checklist monthly to keep track of the number of inservices. Three months before inspection, I will remind my caregivers to complete the twelve hours inservice. I will check if</i></p>	<p><i>May 10, 2016</i></p> <p><i>Sept 27, 2016</i></p>

*there are duplicate inservices.*

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<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(2) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided</p>		
	<p>in section 11-100.1-23(b), and the following:  Resident's sleeping room doors shall be self closing;  <b>FINDINGS</b> For two (2) each resident sleeping rooms, doors did not self-close completely into the door jamb.</p>	<p>① Sleeping room doors are adjusted at the day of inspection and now its self closing  ② In the near future I have to make it sure that I will check doors so often and or once per week</p>	<p>May 10, 2016</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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;  <b>FINDINGS</b></p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> Findings for 1, 2, 3 Orders were obtained from the doctor at the day of inspection. And case manager updated the care plan.  <b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> Will make sure that my case managers service plan will reflect on the MD's order. Make sure that I will read the care plan and let case manager and MD know if its not the same.</p>	<p>May 10, 2016</p>

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Licensee's/Administrator's Signature:

*J. B. Mendoza*

Print Name:

*Janette B. Mendoza*

Date:

*June 3, 2016*

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Licensee's/Administrator's Signature:

*J. B. Mendoza*

Print Name:

*Janette B. Mendoza*

Date:

*August 26, 2016*

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Licensee's/Administrator's Signature:

*J. B. Mendoza*

Print Name:

*Janette B. Mendoza*

Date:

*September 27, 2016*