



Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pascual, Esther (ARCH)	CHAPTER 100.1
Address: 1802 Wahine Place, Honolulu, Hawaii 96819	Inspection Date: January 26, 2015 Annual

IMMEDIATE ADVISORY

POSTING OF DEFICIENCIES AND PLANS OF CORRECTIONS

If you fail to submit a plan of correction (POC) within ten (10) working days of receipt of your Statement of Deficiencies (SOD):
Your SOD will be posted on the Department of Health (DOH) website with the following statement:

"POC NOT RECEIVED AS OF <DATE>"

If you initially submit an unacceptable POC (UPOC), you have ten (10) working days to submit an acceptable POC. If the revised POC is still unacceptable, your SOD will be posted on the DOH website with the following statement:

"POC NOT ACCEPTABLE"

If you initially submit an unacceptable POC (UPOC), but you fail to submit a revised POC, your SOD will be posted on the DOH website with the following statement:

"POC NOT ACCEPTABLE"

	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><u>FINDINGS</u> Four household members reside in the ARCH without documentation of annual physician examination.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? After the annual inspection of my care home I asked ^{the} four (4) household members to have physical examination on January 28, 2015, but unable to have it done</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To prevent the recurring of similar deficiency, before I admit any household member to reside in the care home, I will review the Personnel, staffing of family requirement to make sure that required documents are ready and completed. If unable to have physical examination they cannot reside in the care home.</p>	<p>my care home</p> <p>9/5/2016</p> <p>9/5/2016</p>

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>FINDINGS Four household members reside in the ARCH without documentation of tuberculosis clearance.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? After the annual evaluation of my care home I asked ^{the} four (4) household members to have TB clearance on January 28, 2015, but unable to have it done</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To prevent from recurring of similar deficiency, before I admit any household member to reside in the care home I will review the Personnel, staffing and family requirements to make sure that required documents are ready and completed. If unable to have TB clearance he/she cannot reside in the care home.</p>	<p>of my care home</p> <p>9/5/2016</p> <p>9/5/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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 No documentation of training for three (3) substitute care givers.</p>	<p>Three substitute care givers retrained administering medications:</p> <p>In the future, when I acquire a new substitute I will document training to make medications available to residents.</p>	4/26/15
☒	<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>FINDINGS No emergency procedures for residents.</p>	<p>Emergency procedures for residents is posted in the care home area.</p> <p>In the future, I have to make sure that the emergency procedures for residents is always posted in the living room of the residents.</p>	4/26/15
☒	<p>§11-100.1-13 <u>Nutrition.</u> (l) 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>FINDINGS Resident #1 has _____ diet ordered but ARCH operator unsure that menu _____</p>	<p>Menu was mailed out to ARCH nutritionist A.J. for corrections. I consulted _____ and corrections are done. To prevent this deficiency from recurring, I will consult the ARCH nutritionist if I am not sure if the current menu meets the special diet prescribed to resident.</p>	4/27/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS</p>	<p>Resident #4; Admission assessment is completed and filed in _____ folder</p> <p>To prevent this deficiency from recurring, I will make sure that admission assessment is completed upon admission. Double check ^{that} all informations are correct.</p>	4/26/15

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident #1 No documentation of a two-step TB clearance. Submit copy of the second TB skin test with the plan of correction.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>After the annual evaluation of my care home on January 26, 2015, was done. I asked resident #4 to have Two-step TB clearance, but refused. I had it done. Please see enclosed Two-step TB clearance.</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent from recurring of similar deficiency, before I admit new resident. I will review the Admission/Readmission checklist to make sure that all required documents are ready and completed. If unable to obtain required documents (Two-step TB clearance) resident cannot be admitted into the care home.</p>	<p>9/5/2016</p> <p>9/5/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> No plastic pillow protectors for three residents' pillows.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>Plastic pillow protectors were supplied to all residents' pillows few days after my care home annual evaluation.</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>In the future I will supply plastic pillow protectors to all residents' pillows for sanitary purposes.</p>	<p>9/5/2016</p> <p>9/5/2016</p>

Licensee/Administrator's Signature: Esther B. Pascual

Print Name: ESTHER B. PASCUAL

Date: 4/26/15

Licensee/Administrator's Signature: Esther B. Pascual

Print Name: ESTHER B. PASCUAL

Date: 4/28/16

Licensee's/Administrator's Signature: Esther B. Pascual

Print Name: ESTHER B. PASCUAL

Date: 9/6/2016