

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cabico, Milagros (ARCH)	CHAPTER 100.1
Address: 94-418 Pilimai Street, Waipahu, Hawaii 96797	Inspection Date: July 1, 2015 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><b>FINDINGS</b> No physical exam:</p> <ul style="list-style-type: none"> <li>• Family member (FM) #1.</li> <li>• FM #2.</li> </ul> <p>Submit copy with plan of correction (POC).</p>	<p>what will I do to fix the deficiency. I will tell to my son &amp; wife to go &amp; get the medical records from their own doctor for the P.E. of the kids.</p> <p>To prevent same deficiency in the future, I will write a reminder note on the cover of the clients folder</p>	<p>7/20/2015</p> <p>11/18/2016</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>I will write down the calendar so that they will not forget, so I can remind them 1 month before it will due.</p>	<p>8/6/2015</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> No tuberculosis clearance:</p> <ul style="list-style-type: none"> <li>• FM #1.</li> <li>• FM #2.</li> <li>• Primary care giver (PCG).</li> <li>• SCG #2.</li> <li>• SCG #3.</li> <li>• SCG #5.</li> </ul> <p>Submit copy with POC.</p>	<p>What will I do to make sure this deficiency not happen again. I will make sure that everyone's TB clearance were up to date. Make sure that everyone be check every year &amp; write in the calendar there clearance due so that I will not forget.</p>	<p>3/16/2014</p>
<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><b>FINDINGS</b> Resident #1:</p> <ul style="list-style-type: none"> <li>• No documented response to: given daily through</li> </ul>	<p>In the future I will document in the progress note the response of new med. prescribed by the doctor. In order to not to forget I will document right away or complete immediately.</p>	<p>10/4/2016</p>
<input checked="" type="checkbox"/>	<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>In the future I will make sure that I will document the assessment of resident upon admission. In order not to forget I will read the list of admission sheet.</p>	<p>10/4/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b>FINDINGS</b> Resident #1:</p> <ul style="list-style-type: none"> <li>Permanent general register admitting date</li> <li>Discharged on no record of readmission. Resident present for annual inspections</li> </ul>	<p>Corrected error in res. register found that was from Kati confirmed the date by looking at the map when I started the reg. again in 11/2013 wrote a date entry note in the progress notes describing the error &amp; that I was going to write on the res. register the date that I actually admitted after discharged from Kati. I will make sure that the date also reference today date so that they look out what I have done.</p> <p>To prevent the deficiency in the future I will refer to the Admission checklist everytime clients will be admitted or readmitted.</p>	<p>8/5/2015</p> <p>11/18/2016</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(3)(A) Miscellaneous records:</p> <p>When day care clients are permitted in a Type I ARCH, records shall be maintained and include:</p> <p>Current physical examination and tuberculosis clearance;</p> <p><b>FINDINGS</b> Resident #1:</p> <ul style="list-style-type: none"> <li>No tuberculosis clearance. Submit copy with POC.</li> </ul>	<p>What will I do to fix the problem I put a note in P.E. together with the TB clearance to make sure that I will not forget. If has been positive clearance they will need the date of the pink last P-ray &amp; the doctor will fill the alternative form. If they are neg. it has not been more than 12 mos. If they are at a the if they are more than 12 mos. since then last visit TB test they need a</p>	<p>7/6/2015</p> <p>9/10/2015</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><b>FINDINGS</b> Resident #1:</p> <ul style="list-style-type: none"> <li>• PCG stated that " 3/26/09 fees in resident file are old." "charges more now."</li> </ul>	<p>In the future I will make sure to update the Type I ARCH policies &amp; procedures on any changes. If professional service fee will change I will make sure to change the service rate that need to change.</p> <p>I changed the rate on the file,</p>	<p>8/6/2015</p> <p>2/8/2016</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>In the future I will make sure to put all in the lock cabinet all hazardous liquids or cleaner to ensure the safety &amp; sanitation of all res.</p> <p>I cleaned the drawers.</p>	<p>8/6/2015</p> <p>2/4/2016</p>

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	<p><b>FINDINGS</b></p> <ul style="list-style-type: none"> <li>• Kitchen drawers are littered with multiple dried brown patches and multiple round small pellets scattered throughout the items in drawer.</li> <li>• Multiple crumbs in drawer where silverware, plastic bags and food are kept.</li> </ul>	<p>What will I do if the cabinet drawer dirty, take out all the papers in the drawer and wipe w/ H<sub>2</sub>O &amp; bleach &amp; put new papers and clean everything before I put all the ones inside the drawer otherwise dirty again. I will thoroughly clean the drawer once a month, &amp; will only put clean things inside the drawer.</p>	<p>9 / 2015</p>

Licensee's/Administrator's Signature: Milagros Cabico

Print Name: MILAGROS CABICO

Date: 11/18/2016

Licensee's/Administrator's Signature: Milagros Cabico

Print Name: MILAGROS CABICO

Date: 10/4/2016

Licensee's/Administrator's Signature: Milagros Cabico

Print Name: MILAGROS CABICO

Date: 3/30/2016