

COPY

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Simpliciano's ARCH	CHAPTER 100.1
Address: 94-106 Kaupu Place, Waipahu, Hawaii 96797	Inspection Date: March 24, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p>FINDINGS Resident #1:</p> <ul style="list-style-type: none">No current personal items inventory.	<p>I completed the personal items inventory for Resident #1 dated 3/25/15.</p> <p>In the future, I will make and use a checklist of all the required items needed for each resident when they are admitted to my care home. This checklist will be kept in each of the resident's binder so it will be easily seen as a reminder and accessible.</p>	11/3/16
<input checked="" type="checkbox"/>	<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>FINDINGS Resident #1:</p> <ul style="list-style-type: none">Unsecured in refrigerator.	<p>I secured the ^{med} in the refrigerator using a container with a lock attached for Resident #1.</p> <p>In the future, if I am not present, there will be a designated caregiver responsible for the key during their shift. Then they will pass it on the next caregiver when their shift is over.</p>	11/3/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1:</p> <ul style="list-style-type: none"> discontinued 12/10/14. Administered by PCG 12/11/14 BID and 12/12/14 QD. 	<p>- I notified the MD of the administration of the ^{on} 12/11/14 and 12/12/14 for Resident #1.</p> <p>- In the future, I will draw a line through the medication administration record pertaining to the discontinued medication dates that follow for the month; I will not write on the following month if the medication continues to be discontinued.</p>	<p>11/3/16</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>FINDINGS Resident #1:</p> <ul style="list-style-type: none"> No special diet menu. Submit copy of one week diet menu with plan of correction (POC.) 	<p>- I made a ^{one} diet menu for Resident #1. ^{an} one week copy of one week diet menu attached.</p> <p>- In the future, I will make and use a checklist of all required items needed for each resident when they admitted to my care home. I will make sure that all diet orders are clear from the PCP. Develop a Menu plan for that special diet. Ensure diet is always on my monthly summary. Will make sure all substitute ingredients will be trained for special diet.</p>	<p>11/3/16</p>
<input checked="" type="checkbox"/>	<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:</p> <ul style="list-style-type: none"> Physician diet order since 7/12/14 No special diet given. 	<p>- I provided special diet to Resident #1.</p> <p>- In the future, I will make and use a checklist of all required items needed for each resident when they admitted to my care home. This checklist will be kept in each of the resident's binders to serve as a reminder of requirements for each individual resident's care needs.</p>	<p>11/3/16</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>FINDINGS Resident #1:</p> <ul style="list-style-type: none"> Charges for service were not specified. 	<p>I wrote in the charges for my services on the admission policies for Resident #1.</p> <p>In the future, I will have my resident's representative and myself initial each page of the admission policy following my review with them to ensure all pages are completed.</p>	<p>11/3/16</p>

Licensee/Administrator's Signature: Ofelia C. Simpliciano

Print Name: OFELIA C. SIMPLICIANO

Date: 11/3/16