

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Corpuz, Olivia (ARCH)	CHAPTER 100.1
Address: 664-D Wainaku Avenue, Hilo, Hawaii 96720	Inspection Date: December 21, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing.</u> (a)(4) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH;</p> <p><b>FINDINGS</b> No current adult residential care home (ARCH) license posted. Posted license expired April 30, 2015.</p>	<p><i>Has been done license was posted write on reminder list that upon receiving license, I will post it right away. may 2016</i></p>	<p><i>12-14-16</i></p>
<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</p>		

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	certify that they are free of infectious diseases.  <b>FINDINGS</b> Primary care giver (PCG), substitute care giver (SCG) #1 and SCG#2, no current physical examination.	<i>Primary caregiver &amp; SCG 1 &amp; 2 P.E are all done on Feb 2016            Future plan - mark on calendar to call M.D. to make appointment for P.E 1 month prior to expiration date. I told substitute to mark their calendar also to remember to mark on calendar to remind my substitute that skin test must be done at the same time when they take the P.E</i>	1-10-16
<input checked="" type="checkbox"/>	§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.  <b>FINDINGS</b> SCG#1, no current tuberculosis (TB) skin test.	<i>deficiency was corrected, skin test done on 11-24-2016</i>	12-10-16
		<i>deficiency was corrected, skin test done on 11-24-2016</i>	1-13-17
<input checked="" type="checkbox"/>	§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:  Be currently certified in cardiopulmonary resuscitation;  <b>FINDINGS</b> SCG#1, no current cardiopulmonary resuscitation (CPR) certification.	<i>S.C.G. #1 was certified for C.P.R. on 2-10-16            Future plan I told my substitute to put on her cell phone &amp; be responsible to remind herself to have C.P.R. before expiration date</i>	Feb 5-16
		<i>future plan - remind substitute care giver to write under calendar &amp; I will put on my calendar recall 1 to 2 months before should be done before expiration date            I will put the copy &amp; put it on my folder right away</i>	1-13-17

<input checked="" type="checkbox"/>	<p>§11-100.1-10 Admission policies. (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><b>FINDINGS</b> Current adult residential care home (ARCH) license, issued</p>	<p>I call the case manager to find placement but couldnt place for him, on <sup>17-16-05</sup> Feb. 7, he was hospitalized &amp; discharged on the care home.</p>	<p>1-13-17</p>
	<p>April 22, 2015, indicates capacity of two (2) residents. However, at the time of annual inspection, there were three (3) residents.</p>	<p>future plan - no acceptant for 3rd count.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><b>FINDINGS</b> No metal stem thermometer for checking cold food temperatures.</p>	<p>I put a note posted on refrigerator to remind me, metal stem thermometer be <del>not</del> available at all times. I told my husband to put sign on refrigerator so the number come about see right beside the refrigerator.</p>	<p>1-13-17</p>
		<p>I brought a metal stem thermometer on Jan 2016 put on my check list that metal thermometer is needed &amp; always available</p>	<p>1-12-16</p>
<input checked="" type="checkbox"/>	<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.</p> <p><b>FINDINGS</b></p> <ol style="list-style-type: none"> <li>Resident #1, December 2015 medication record read the following: <ul style="list-style-type: none"> <li>"Triamcinolone Acetonide oint BID"</li> <li>"Carvedilol 25 mg 1 tab BID"</li> <li>"Mupirocin U.SP. Oint 2%"</li> </ul> </li> </ol> <p>However, no physician order.</p> <ol style="list-style-type: none"> <li>Resident #1, physician order dated October 27, 2015 read, "Continue Escitalopram 10 mg 1 po in AM." However, medication not listed on the November and December 2015 medication records. Medication not on hand.</li> <li>Resident #1, physician order dated December 4, 2015 read, "Cyanocobalamin (Vitamin B-12) 1000 mcg SL Subl tab Take 1 tablet by mouth sublingually once daily." However, the December 2015 medication record read, "Cyanobalamin Vit B 12."</li> </ol>	<p>Has been done Future plan. write on my to do list that before leaving the office I double check that there a physician order signed be the doctor.</p> <p>has been done - medication secured future plan - I told my husband to help me &amp; remind me to document medication on man &amp; all medication be available has been done - Future plan - I told my daughter to check &amp; remind me that physicians orders &amp; man noted. she promised to come &amp; check my record to double check that everything is right.</p>	<p>1-10-16</p> <p>1-12-16</p> <p>2-5-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>No dose or route listed.</p> <p>4) Resident #1, physician order dated December 4, 2015 read, "Stool softener 100 mg oral cap Take <u>2</u> capsule by mouth 2 times a day as needed for constipation." However, December 2015 medication record read, "stool softener 100 mg 1 cap BID."</p>	<p>has been done. It should be used as stool softener 100 2 cap 2 caps bid P.R.N.          Future plan - write on to be that M.D. orders &amp; mar match</p>	<p>2-10-16</p>
		<p>O.C.S          put on my reminder list  <del>that</del> whenever I do my mar I shall check that M.D. orders match with my mar.</p>	<p>1-13-17</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-15 <u>Medications.</u> (g)          All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b>FINDINGS</b>          Resident #1, no medication renewals between December 30, 2014 and December 4, 2015.</p>	<p>In the future, put on my reminder list, that medication reevaluated every 4 months. write the months when its due &amp; make appointment ahead of time before the four month ends</p>	<p>1-13-17</p>
<p><input checked="" type="checkbox"/></p>	<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><b>FINDINGS</b>          Resident #1, admitted December 30, 2014, no admission assessment.</p>	<p>I will ask the doctor to sign the medication list every four months. ask him to reevaluate every 4 months also. also filled it in resident folder as soon as I got home.</p> <p>If I admit someone I will write on my check list to double check to have admission assessment with medications sign by the doctor</p>	<p>1-13-17</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6)          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>		

Rules (Criteria)	Plan of Correction	Completion Date
Physician or APRN signed orders for diet, medications, and treatments;  <u>FINDINGS</u> Resident #1, no admission medication orders.	<i>has been done</i> <i>Future Plan - I told my daughter to help me that upon admission or readmission she always check that there a medication order signed by the doctor.</i>	<i>1-8-14</i>
	<i>in the future I go to the doctor + ask of him a list of the current medicine before I give the resident.</i>	<i>1-13-17</i>
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(8) 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:  A current inventory of money and valuables.  <u>FINDINGS</u> Resident #1, admitted December 30, 2014, no inventory of belongings.	<i>has been done Future plan - write on to do list that upon admission check the admission check list to make me remember that inventory of resident belonging is needed. I told my husband to remind me also.</i>	<i>1-10-14</i>
	<i>a documented resident no ID on his personal belongings. after inspection</i>	<i>1-13-17</i>

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b>FINDINGS</b></p> <p>1) Resident #1, physician order dated December 4, 2015 read, "One touch Delica Lancets 30 gauge use to test BS 2 times daily." However, no lancets available to test blood sugar.</p> <p>2) Resident #1, no documented care giver training to perform resident blood sugar (BS) checks.</p>	<p>Has been done. Future Plan - write a note posted on refrigerator, put the amount of lancets I check that if its running low I have to go for refill. I want to the doctor &amp; his nurse trained me in taking blood sugar was documented.</p> <p>Future plan - Put a note on refrigerator that any procedure that I do should be documented with hands to do it.</p>	<p>1-8-15</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><b>FINDINGS</b></p> <p>Resident #2, height and weight record reflected no monthly weights since admission.</p>	<p>has been done. Future Plan - I put on my cell phone the date when taking height &amp; weight record monthly as well as to remind me that it must be taken upon admission</p>	<p>1-10-15</p>
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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b>FINDINGS</b></p> <p>Resident #1, blue ink used throughout the resident record.</p>	<p>Has been done - I put all blue ink pen in my box container &amp; put aside I bought black ink pens.</p> <p>Future Plan - write on checklist to never use blue ink pens. &amp; not to buy anymore blue ink.</p>	<p>1-12-15</p>
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<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></p> <p>Permanent general register reflected four (4) current residents. Discharged resident not discharged on the permanent general register.</p>	<p>Has been done. Future Plan - write on check list to let me remember that my resident that its discharge should be documented on permanent general register. I told my daughter to remind me to send my check list every so often</p>	<p>1-10-15</p>
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I documented on my general register that his discharge on 7-10-15

1-13-17

<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a)          The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement</p>		
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	<p>signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b>FINDINGS</b>          Resident #1, admitted December 30, 2014, no financial statement.</p>	<p>Has been done.          Future plan - write on to do list to check admission check list that financial statement is needed for the resident.</p>	<p>1-10-2014</p>
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<p>I corrected the deficiencies + made a financial statement for resident</p>	<p>1-13-17</p>
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<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><b>FINDINGS</b></p> <ol style="list-style-type: none"> <li>1) Dog feces along passage to area of refuge</li> <li>2) Live roaches in care home folder</li> </ol>	<p>Has been done.          Future Plan - I told my husband who is already retired to help me + make sure that house + surrounding is clean + neat check for animal feces in every area of the house inside + outside. I called Terminix to exterminate the house quarterly to get rid of cockroaches &amp; bugs.</p>	<p>12-30-16</p>
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<p>no (1) right after the inspection          Dogs are not allowed in the facility. I bought leashes for them so that they will not go to the building. I will bring the dogs outside future plan - I called Terminix to exterminate the house quarterly + I put my folder in a secured place.</p>	<p>1-13-17</p>
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Licensee's/Administrator's Signature: Olivia C. Santos

Print Name: OLIVIA C. SANTOS

Date: 12-14-16

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Licensee's/Administrator's Signature: Olivia C. Santos

Print Name: OLIVIA C. SANTOS

Date: 2-10-17

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Licensee's/Administrator's Signature: Olivia C. Santos

Print Name: OLIVIA C. SANTOS

Date: 1-085  
2-10-17