

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Navarro, Rebecca (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-1354 Hiaai Place, Waipahu, Hawaii 96797	Inspection Date: January 19, 2017 – Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

17 11:13 P1:09

	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><u>FINDINGS</u> No documented evidence of an initial tuberculosis clearance for Resident #1.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-9 (b) Resident #1 Obtain her TB test at Waipahu Public Health 01-30-2017 Read 02/01/2017 Induration: 0mm</p> <p style="text-align: right;"><i>fibeca Navarro</i></p>	<p style="text-align: center;">2/01/2017</p> <p style="text-align: right;">17 11:09 P1:09</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (b)	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-100.1-9 (b) Resident #1 In the future to ensure that this problem doesn't happen again I will ask my substitutes to help me check papers of newly admitted resident for initial and annual TB clearance.</p> <p style="text-align: right;"><i>Rebecca Navarro</i></p>	<p>2/01/2017</p> <p style="text-align: right;">77 4 15 PM:09</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> No level of care documentation by Resident #1's physician prior to admission.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>(11-100.1-10(a) Resident #1</i> <i>I called Resident's #1 physician and explained the problem she asked me to fax the paper that needs to be corrected and faxed me back the corrected paper.</i></p> <p style="text-align: right;"><i>Liberia Navarro</i></p>	<p style="text-align: center;"><i>2/9/2017</i></p> <p style="text-align: right;"><i>17 FEB 15 P1:09</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-10 (a)	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>H-100.1-10 (a) Resident # 1 In order to prevent this problem from happening again, in the future I am going to ask my substitutes to help me check papers of newly admitted resident.</p> <p style="text-align: right;">felicia Navarro</p>	<p>2/9/2017</p> <p style="text-align: right;">97 10 13 P1:09</p>

	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><u>FINDINGS</u> No inventory of personal items maintained for Resident #1.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-10(g) Resident #1 I counted all clothing and personal items brought in the care home. Filled up the inventory sheets of residents clothing and valuables.</p> <p style="text-align: right;">Rebecca Navard</p>	<p style="text-align: center;">01/19/2017</p> <p style="text-align: right; font-size: small;">11:09 AM</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-10 (g)	<p style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </p> <p style="text-align: center;"> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <p> <i>11-100.1-10(g) Resident #1</i> <i>To avoid this problem from happening again I will ask my substitutes to help me check all papers. Also use the EARCH table of contents</i> </p> <p style="text-align: right;"> <i>Felicia Navarro</i> </p>	<p>01/19/2017</p> <p style="text-align: right;"> <small>77 10:09 P1:09</small> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> No documentation of PCG's assessment of Resident #1 upon admission.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-17(a)(1) Resident #1 I filled up the admission assessment / care plan form and let the resident and family sign.</p> <p style="text-align: center;">Rebecca Navarro</p>	<p style="text-align: center;">2/9/2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-17 (a)(1)	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-100.1-17(a)(1) Resident #1 In the future to ensure that this problem doesn't happen again, I will ask my substitutes to check the assessment, care plan of each resident</p> <p style="text-align: right;">Fabella Navarro</p>	<p>2/9/2017</p> <p style="text-align: right;">97 10:13 P1:09</p>

Licensee's/Administrator's Signature: Rebecca Navarro

Print Name: REBECCA NAVARRO

Date: 02/10/2017

Don't Stop Learning

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