

To Mr Thomas Magera

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rodriguez Care Home	CHAPTER 100.1
Address: 1647 Paaina Place, Pearl City, Hawaii 96782	Inspection Date: March 10, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 General operational policies. (b) The general operational policies approved by the department shall be explained to the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency prior to the ARCH or expanded ARCH resident's admission. A copy of these general operational policies shall be provided to all parties.</p> <p><b>FINDINGS</b> References to repealed Chapter 100 rules and Chapter 100.1 rules noted in:</p> <ul style="list-style-type: none"><li>• Resident #1's binder.</li><li>• ARCH/expanded ARCH binder.</li></ul>	<i>See attached</i>	<i>12-30-16</i>
<input checked="" type="checkbox"/>	<p>11-100.1-9 Personnel staffing and family requirements. (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>	<i>See attached</i>	<i>12-30-16</i>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b>            No tuberculosis clearance:            • Primary care giver (PCG):            • Substitute care giver (SCG) #1:            • SCG #2:            Submit copies with plan of correction (POC).</p>	<i>See Attach</i>	11-7-14
<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition. (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><b>FINDINGS</b>            No posted menu:            • Kitchen.</p>	<i>See Attach</i>	11-7-14
<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition. (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><b>FINDINGS</b>            Resident #1:            • No special menu for physician diet order 2/17/15:            "Low fat, low cholesterol, NAS, NCS, chopped with thin liquids."</p>	<i>See Attach</i>	11-7-16
<input checked="" type="checkbox"/>	<p>§11-100.1-14 Food sanitation. (f)            Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> Unsecured toxic chemicals and cleaning agents under sink in resident wet bar:</p> <ul style="list-style-type: none"> <li>• Ant spray and Windex.</li> </ul>	See attach	11-7-16
<input checked="" type="checkbox"/>	<p><b>§11-100.1-15 Medications. (b)</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><b>FINDINGS</b> Resident #1: • Unsecured Triamcinolone cream 0.1% at bedside.</p>	See attach	11-7-16
<input checked="" type="checkbox"/>	<p><b>§11-100.1-17 Records and reports. (b)(3)</b> 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: • No progress notes reflecting need for or response to Benadryl PRN. Initialed in medication administration record (MAR) as administered daily since 2/20/15.</p>	See attach	11-7-16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a)</p> <p>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 signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b>FINDINGS</b></p> <p>Resident #1:</p> <ul style="list-style-type: none"> <li>No signed or dated "Resident Financial Statement."</li> <li>Submit copy with POC.</li> </ul>	<i>See attach</i>	01-7-16
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r)</p> <p>Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b>FINDINGS</b></p> <p>Bedroom #2:</p> <ul style="list-style-type: none"> <li>Unsecured oxygen tanks stored in closet.</li> </ul>	<i>See attach</i>	01-7-16
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C)</p> <p>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</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>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></p> <p>Resident #1:</p> <ul style="list-style-type: none"> <li>• No signed "charges for services."</li> </ul>	<p>See attach</p>	11-7-16
<input checked="" type="checkbox"/>	<p>§11-100.1-85 Transfer and discharge of expanded ARCH residents. (b)</p> <p>If the licensee requests transfer of the expanded ARCH resident, a written request stating the reason for the transfer shall first be made to the resident, resident's family or surrogate, resident's case manager and physician or APRN no less than thirty days prior to the desired date of transfer.</p> <p><b>FINDINGS</b></p> <p>Resident #1:</p> <ul style="list-style-type: none"> <li>• References to repealed Chapter 100 rules and regulations in resident binder.</li> <li>• No Chapter 100.1 rights and responsibilities acknowledged as read by resident/authorized party.</li> </ul>	<p>See attach</p>	11-7-16
<input checked="" type="checkbox"/>	<p>§11-100.1-86 Fire safety. (a)(2)</p> <p>A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Resident's sleeping room doors shall be self closing;</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> Resident #1: • Bedroom #1 door not self closing.</p>	see attach	11-7-16
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services</u>. (b) The expanded ARCH shall provide an ongoing program of recreational and social activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, psycho-social well being of each resident, and shall be documented in the care plan.</p> <p><b>FINDINGS</b> Resident #1: • No activities schedule/plan.</p>	see attach	11-7-16
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services</u>. (c)(6) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:  Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><b>FINDINGS</b> Resident #1: No documented evidence of staff training for hemiplegic, post stroke, diabetic, two person transfer and constipated resident.</p>	see attach	11-16

	Rules (Criteria)	Plan of Correction	Completion Date
	<ul style="list-style-type: none"> <li>• PCG.</li> <li>• SCG #1.</li> <li>• SCG #2.</li> </ul> <p>Submit evidence of training with POC.</p>	<i>See Attached</i>	<i>11-7-16</i>

Licensee's/Administrator's Signature: Teresita B Rodriguez

Print Name: TERESITA B RODRIGUEZ

Date: 11-05-16

Phone 455-4465

Cell 741-4464

Licensee's/Administrator's Signature: Teresita B Rodriguez  
Print Name: TERESITA B. RODRIGUEZ

Date: 12-5-16

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Initial: \_\_\_\_\_

Licensee's/Administrator's Signature: Teresita B Rodriguez  
Print Name: TERESITA B RODRIGUEZ

Date: Dec 30/2016

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Plans of Corrections of March 10, 2015

7-B-①

I put the new Rule on March 13, 2015  
in the resident binder.  
In the future to prevent this deficiency  
occurring again I will explain to them  
to the ACH or Expanded ACH  
residents family prior to the ACH or  
Expanded ACH residents admission and  
give them a copy of this General Operation  
Policies shall be provided to all parties.

7-B-②

I put the new Rule on March 13, 2015  
in the resident binder.  
In the future to prevent this deficiency  
occurring again I will explain to them  
to the ACH or Expanded ACH residents  
family prior to the ACH or Expanded  
residents admission and give them a  
copy of this General Operational Policies  
shall be provided to all parties.

To Mr Thomas Magrera

Plan of Correction March 10, 2015

-100.1-9 \* PCG - TB attestation Taken on Feb. 8, 2015  
In the future to prevent this deficiency occurring again I will check my check list and a calendar to remind me to get my T.B attestation every year same time as my Annual Physical.

\* SCG #1 - TB attestation Taken on Feb 8, 2015  
In the future to prevent this deficiency occurring again I will remind my SCG that his TB attestation is due on that day of his Annual Physical. Feb. 8, 2015 I will check my check list or my calendar to remind him.

\* SCG #2 TB attestation Taken Oct 1, 2014  
In the future to prevent this deficiency occurring again I will see to it that her TB attestation is current before starting her employment together her Annual Physical.

Rodriguez Care Home  
455 - 4465  
Teresita B Rodriguez

(2) - (3)

13. (d)

menu was posted in the kitchen on  
March 10/2015

Page 2

11-100-1-13

To prevent a similar deficiency I will make an extra copy of the current menu and post it in the kitchen in a conspicuous place in the dining area for the resident and department to review when they come for inspection.

Jesita B Rodriguez

(2)

Page 2

11-100-1-13

The new diet ordered on Feb. 17/15 was regular no added salt, chopped with their liquid, low fat, low cholesterol, NCS. To prevent this deficiency occurring again I will order a special diet as soon as I receive the order & will contact Mrs Annette Jackson CCHCS nutritionist for comment if I have any questions. According to Mrs Jackson my regular diet menu as it met the low fat, low cholesterol, NAS, NCS, chopped with their liquids.

14 (f)

I removed the chemicals on that same day, march 10/2015  
to put them back in the lock cabinet  
on march 10/2015

Page 2

11-100-1-14

To avoid or prevent a similar deficiency  
I will keep all Toxic chemicals and  
cleaning agents in a lock cabinet so the  
residents can't get access to it.

15 (b)

I removed the cream on march 10/2015  
and put it in the lock medicine cabinet.  
For next future I will train my SGA to  
double check the rooms daily to ensure  
no medication is left in the room at any  
time.

Page 3

11-100-1-15 Resident H1

To prevent a similar deficiency all drugs  
should be stored under proper condition of  
sanitation, temperature, light measure,  
ventilation, segregation and security. All  
medications should be kept or stored in a  
lock medication cart or cabinet.

Jesusita B Rodriguez

(3)

Page 3

11-100-1-17

Resident II

To prevent similar deficiency in my progress notes I will document the response of the resident to the said medication if it helps or if there is a bad reaction and it should documented & make an incident report and initialed after giving the medication in the medication record.

19 (a)

Resident II, Financial Statement signed  
March 13/2015

19 (a)

Signed Financial Statement via file #  
Copy enclosed.

In the future I will file the financial statement in the resident's binder.

A check list has been made what is required in the binder and check will be made every 3 months to ensure it does

P20F5

Gerita B Rodng

23 (R)

The oxygen tank was removed on March 11/2015

On March 11/2015 the tank was returned to the vendor.

To prevent a similar deficiency, oxygen tank should not be stored in the resident's closet should be returned to the medical supply after the resident leaves the facility in accordance with the provisions of the state and local zoning building fire safety and health codes.

- a 1(c) On March 13/2015 I had the family sign the charges for services. In the future I will use a check list during admission so that all paper work required are completed properly.
- (b) ① on March 11/2015 I corrected the resident binder. In the future to prevent this deficiency occurring again I will explain to them to the Arch or Expanded Arch residents family prior to the Arch or Expanded Arch residents admission and give them a copy of the General Operational Policies shall be provided to all parties.
- ② on March 11/2015 I corrected the residents binder. In the future to prevent this deficiency occurring again I will explain to them to the Arch or Expanded Arch residents family prior to the Arch or Expanded Arch residents admission and give them a copy of the General Operational Policies shall be provided to all parties.
- Teresita B Rodriguez  
P3 OF 5

a (c) on march 11/2015 my husband found  
① the self closing door.  
② In the future I will check the self  
closing door daily.  
I will trained my SCG to check the  
self closing door daily.

b (15) I have the daily activity for the resident  
but it was misfiled.

on March 11/2015 I filed the daily activity  
on my care home binder.

In the future I have to check my check  
list if the proper record is filed on the right  
place I will double check as well as my  
SCG to check the activity schedule are filed  
on that right place.

To Mr. Thomas Magiera

Plan of Correction of March 10/2015

28-(e)(6) \* PEG - On Feb. 20/2015 staff training for hemiplegic, post stroke, diabetic two person transfer and constipated resident was conducted by the Case manager.

In the future staff training should be conducted by the Case manager and documented every year or when needed. I will check my check list for the training when it's due to avoid deficiency.

\* SCG on Feb. 20/2015 staff training for hemiplegic, post stroke, diabetic, two person transfer and constipated resident was conducted by the Case manager.

In the future staff training should be conducted by the Case manager and documented every year or when needed. I will check my check list for the training when it's due, to avoid deficiency.

\* SCG #2 - On Feb 20/2015 staff training for hemiplegic, post stroke, diabetic, two person transfer and constipated resident was conducted by the Case manager.

In the future staff training should be conducted by the Case Manager and documented every year or when needed. I will check my check list for the training when it's due, to avoid deficiency.

Rodriguez Care Home 455-4465

Jesuita B Rodriguez 12/30/16

③ ③