

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sales, Abner (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-1156 Halelehua Street, Waipahu, Hawaii 96797	Inspection Date: April 5, 2016 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>FINDINGS Household Member #1, no evidence of annual physical exam.</p>	<p>Called Dr. on 4/7/16 to make an appointment for member #1. Brought member #1 on 4/19/16 for physical examination. In the future, primary caregiver will appoint secondary caregiver to bring member #1 for P.E. SCA will check extender reminders and PCLG will double check.</p>	4/19/16
<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 No menu posted in kitchen.</p>	<p>On 4/5/16, PCLG posted menu #3 on the refrigerator up stairs after the inspection. In the future, PCLG will appoint SCA to make sure the menu is posted up stairs. SCA will review check-list and PCLG will double check.</p>	4/5/16

<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (j) Medication shall be offered only to the resident for whom it is ordered.</p> <p>FINDINGS Resident #1 medications, Vitamin D3 and Multivitamin not labeled for individual use.</p>	<p>On 4/5/16, PCG wrote resident #1 name on Vitamin D3 and multivitamin after the inspection. In the future, PCG will review check list to ensure each medication has a label with the resident's name. SCLG will double check.</p>	<p>4/5/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Three non-self-preserving residents residing in care home.</p>	<p>On 4/5/16, called Dr. for an appointment. Brought resident on 4/6/16 to review the self-preservation form. Dr. observed resident able to stand by herself with a walker and walk for a good distance without any assistance. Enclosed is a copy of the self-preservation form. In the future, PCG will post chapter 11-100.1.03 on the calendar reminder. SCLG will double check PCG will call nurse consultants for any questions or clarifications.</p>	<p>4/6/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p>FINDINGS Bedroom #1, no pliable plastic pillow protector.</p>	<p>On 4/5/16, PCG talked to resident in bedroom #1 regarding a plastic pillow protector & writing her name on the pillow. Resident chose the pillow protector. Went to the store on 4/5/16 and bought 3 pillow protectors. In the future, PCG will review check list to ensure all pillows has protectors. SCLG will double check.</p>	<p>4/5/16</p>

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Licensee's/Administrator's Signature: Abner Sales
Print Name: Abner Sales
Date: 5/16/16