

Office of Health Care Assurance

State Licensing Section

RECEIVED

'16 MAY -9 AM 10:41

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
DEPARTMENT OF HEALTH

Facility's Name: Fiesta, Floreliza C. (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-232 Lehoula Place, Waipahu, Hawaii 96797	Inspection Date: April 14, 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> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS Substitute Care Givers #1, #2 No documentation of training by primary care giver to make medications available and document such action.</p>	<p>I submitted documented of training for my SEG.</p> <p>in the future when I take on a new SEG, I will train and document the training. If not they cannot work</p>	4/16/16
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p>	<p>I purchased new Refrigerator thermometer.</p>	4/17/16

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS Refrigerator not equipped with appropriate thermometer; refrigerator thermometer reflects 20 degrees Fahrenheit while in refrigerator, and 65 degrees Fahrenheit when placed at room temperature for an hour.</p>	<p><i>In the future I will check thermometer monthly to prevent recurrence.</i></p>	<p><i>4/17/16</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) 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>FINDINGS Resident#1 No documentation of response to Virtussin Syrup 1 tsp QID PRN made available 3/30/16, 3/31/16, 4/1/16 – 4/3/16.</p> <p>Resident#1 No documentation of response to Mupirocin ointment BID PRN made available 11/15/15 – 11/21/15.</p> <p>Resident#1 No documentation of response to Vitamin A & D ointment BID PRN made available 11/15/15 – 11/21/15.</p> <p>Resident#1 No documentation of response to ProAir HFA, two puffs QID PRN made available 6/22/15 – 6/25/15.</p>	<p><i>IN the future whenever I made PRN meds available I will document response to PRN meds. right away was appropriate.</i></p>	<p><i>4/14/16</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) Case management services for each expanded ARCH resident</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>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:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p>FINDINGS No documentation that case manager reviewed care plan 9/15 – 1/16, and 3/16.</p>	<p><i>in the future when ever case manager comes for monthly visits, I will check to see if they document current care plan before they leave.</i></p>	<p><i>4/14/16</i></p>

Licensee's/Administrator's Signature: *Florencia C. Fiesta*

Print Name: FLORENCIA C. FIESTA

Date: *5/4/16*