



Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Irene B. Alipio (ARCH) | CHAPTER 100.1 |
| Address: 733 Iluna Place, Kahalui, Maui 96732 | Inspection Date: June 3, 2016 Annual |

IMMEDIATE ADVISORY

POSTING OF DEFICIENCES AND PLANS OF CORRECTIONS

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| <p>If you <u>fail to submit</u> a plan of correction (POC) within <u>ten (10) working days</u> of receipt of your Statement of Deficiencies (SOD); Your SOD will be posted on the Department of Health (DOH) website with the following statement:</p> <p style="text-align: center;">"POC NOT RECEIVED AS OF <DATE>"</p> |
| <p>If you initially submit an <u>unacceptable</u> POC (UPOC), you have <u>ten (10) working days</u> to submit an <u>acceptable</u> POC. If the revised POC is still unacceptable, your SOD will be posted on the DOH website with the following statement:</p> <p style="text-align: center;">"POC NOT ACCEPTABLE"</p> |
| <p>If you initially submit an <u>unacceptable</u> POC (UPOC), but you <u>fail to submit</u> a revised POC, your SOD will be posted on the DOH website with the following statement:</p> <p style="text-align: center;">"POC NOT ACCEPTABLE"</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-7 <u>General operational policies.</u> (a)(4) General operational policies of an ARCH or expanded ARCH shall be submitted by the applicant in writing to the department prior to licensure and shall include, but shall not be limited to:</p> <p>Visiting hours;</p> <p>FINDINGS Resident #1 General Operating Policy not signed by legal guardian. Submit copy of signed General Operating Policy with your plan of correction.</p> | <p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><i>Obtained a signed general operating policy from the resident's sister</i></p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, I will use a checklist to help me remember and have the general policy sign by the resident family, relatives and guardian, on the day</i></p> | <p><i>9-01-2016</i></p> <p><i>bn</i></p> <p><i>9-01-2016</i></p> <p><i>bn</i></p> |

of admission and place in the resident chart I will use the checklist and I will do it every next admission.

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| <input checked="" type="checkbox"/> | <p>§11-100.1-7 <u>General operational policies.</u> (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Resident #1 General Operating Policy not signed by legal guardian. Submit copy of signed General Operating Policy with your plan of correction.</p> | <p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><i>obtained a signed a general operating policy from the resident sister</i></p> <p><i>see attach</i></p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p><i>see attach</i></p> | <p><i>9-01-2016</i></p> <p><i>jon</i></p> <p><i>9-01-2016</i></p> <p><i>jon</i></p> |

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| | <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 annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS: Substitute Care Givers #1,#2,#3,#4 no documentations of current annual physical examination. Submit copies with your plan of correction.</p> | <p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>My substitute caregivers went to their doctor to have their physical examination done.</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future I will have my substitute caregivers to take their physical examination before my annual inspection come, to take the doctor's office. I will use the calendar to check monthly, until the month of June May so that all physical examination will be ready for my annual inspection.</p> | <p>9-07-2016 Jn</p> <p>9-07-2016 Jn</p> |

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| <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>FINDINGS Primary Care Giver, and Substitute Care Givers #1, #2, #3, #4 no documentation of current annual tuberculosis clearance. Submit copies with your plan of correction.</p> | <p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>My substitute caregivers went to the department of health to have their TB skin test and obtained a current TB clearance</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will schedule my family to have their TB skin test every year to avoid deficiency in the Dept. of health (Main office) I will use the yearly checklist</p> | <p>8-31-2016 JON</p> <p>8-31-2016 JON</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS Substitute Care Givers #3, #4 no documentation of current first aid certification. Submit copies with your plan of correction.</p> | <p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><i>I corrected my deficiency by having my substitute caregivers attend a CPR and First Aid Class</i></p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will update the First Aid and CPR card every two years and place them in my chart I will use the checklist ^{an} yearly checklist every two years.</i></p> | <p><i>8-31-2016</i></p> <p><i>8-31-2016</i></p> |

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| <input checked="" type="checkbox"/> | <p>§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:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> Substitute Care Givers #3, #4 no documentation of current CPR certification. Submit copies with your plan of correction.</p> | <p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>SSA</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>See attach</p> | <p>9-15-14</p> <p>Jan</p> <p>9-15-2016</p> <p>Jan</p> |

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| <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><u>FINDINGS</u> Current menu not posted in kitchen.</p> | <p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><i>I made a copy of my menu and posted it in my kitchen.</i></p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p><i>In the future I will make sure to post a menu both my kitchen and the resident dining area. Every month I will remember to change the menu I will use a monthly checklist</i></p> | <p><i>8-31-2016</i> <i>JA</i></p> <p><i>8-31-2016</i> <i>JA</i></p> |

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| <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><u>FINDINGS</u> No thermometer in refrigerator used to store residents' food.</p> | <p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>I have checked the refrigerator and the thermometer was^{is} was in place.</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>In the future I will be sure to have a thermo thermometer temperatured at 45°F in the refrigerator. I will use a daily checklist.</p> | <p>9-01-2016</p> <p>Jon</p> <p>9-01-2016</p> <p>Jon</p> |

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| <input checked="" type="checkbox"/> | <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> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1 No signed physician orders for medication made available to resident.</p> | <p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><i>Obtained signed order from the doctor before giving to the resident.</i></p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p><i>In the future when I receive the new medication order from the doctor I will write it in the MAR right after I receive the order. I forget and I will use the daily checklist</i></p> | <p><i>9-03-2016</i></p> <p><i>Jn</i></p> <p><i>9-03-2016</i></p> <p><i>Jn</i></p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 No progress note by primary care giver for 3/7/16 physician office visit.</p> | <p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><i>I am sure I wrote all notification and consultation in the progress note</i></p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p><i>In the future I will write in the progress note professional appointment after it happens. I dont know. I will write in the progress note using the checklist</i></p> | <p><i>9-03-2016</i> <i>Jbn</i></p> <p><i>9-03-2016</i> <i>Jbn</i></p> |

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| ☒ | <p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p>FINDINGS Resident #1 Emergency information sheet does not reflect current medications.</p> | <p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? I checked the information sheet accurately</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? In the future I will update the emergency information sheet whenever there's a change in the information contain and put it in the resident chart, using the checklist.</p> | <p>9-04-2016 Jan</p> <p>9-04-2016</p> |

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| <input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records: 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; <u>FINDINGS</u> Resident #1 Admission assessment partially filled out in blue ink. | <p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? I have to filled the admission assessment correctly and used a black ink to filled out.</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? In the future I will I will finish the admission assessment on the day of admission and fill all the information using a black and place them in the resident chart, using the checklist.</p> | <p>9-04-2016 Jbn</p> <p>9-04-2016 Jbn</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) 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 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>FINDINGS Resident #1 General Operating Policy not signed by legal guardian. Submit copies with your plan of correction.</p> | <p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><i>Obtained a signed general operating policy from the resident sister</i></p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will use a checklist to help me remember and have the general operating policy sign by the resident or family, relatives and guardian on the day of admission and place on the resident chart I will use the checklist</i></p> | <p><i>9-01-2016</i></p> <p><i>ibn</i></p> <p><i>9-01-2016</i></p> <p><i>ibn</i></p> |

and I will do it every new admission

Licensee's/Administrator's Signature: Irene Alipio
Print Name: IRENE ALIPO
Date: 9-21-2016