

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jesusa Quinabo ARCH II	CHAPTER 100.1
Address: 1805 Hookupa Street, Pearl City, Hawaii 96782	Inspection Date: June 8, 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)(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><u>FINDINGS</u> Primary care giver, substitute care giver #1 and #3, no current first aid certificate.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? I CALLED OUR TRAINER WAYNE YASITOMI ON 6/8/16 TO MAIL ME NEW COPIES OF CPR & FIRST AID CERTIFICATES / CARDS. THAT WERE ISSUED FEBRUARY 2016</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u> TO ENSURE THAT THIS DOES NOT HAPPEN AGAIN, I MADE SEVERAL COPIES OF ALL CPR & FIRST AID CARDS AND KEPT THEM ON MY FILES.</p>	<p>6/8/16</p> <p>6/10/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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> Primary care giver, substitute care giver #1 and #3, no current cardiopulmonary resuscitation certificate.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? CALLED OUR TRAINER MR YASOTOMI ON 6/8/16 TO MAIL ME NEW COPIES OF CPR & FIRST AID CERTIFICATES/CARDS THAT WERE ISSUED FEBRUARY 2016</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u> TO ENSURE THAT IT WILL NOT HAPPEN AGAIN, I MADE SEVERAL COPIES OF ALL CPR & FIRST AID CARDS & KEPT THEM ON MY FILES</p>	<p>6/8/16</p> <p>6/8/16</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> Resident #1, no level of care assessment upon readmission.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? I MADE AN ENVELOP FILLED WITH COMPILATION OF ALL READMISSION FORMS AND LABELED IT: "READMISSION POCKET"</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? KEEP "READMISSION POCKET" ON EACH FILE/CHART READY FOR USE.</p>	<p>6/9/16</p> <p>6/9/16</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>FINDINGS Resident #1, no inventory of valuables upon readmission.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>I MADE AN ENVELOPE CONTAINING COMPILATIONS OF READMISSION FOR FORMS; AN INVENTORY OF RESIDENT'S VALUABLE IS INCLUDED; AND LABELED IT "READMISSION POCKET"</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>KEEP THE "READMISSION POCKET" ON EACH RESIDENT'S FILE/CHART READY FOR USE.</p>	<p>6/9/16</p> <p>6/9/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (f) A minimum of three meals shall be provided at regular intervals in each twenty four hour period. There shall be no more than fourteen hours between a substantial evening meal and breakfast.</p> <p><u>FINDINGS</u> More than 14 hours between the earliest evening meal served at 5:30 p.m. and the latest breakfast served at 8:30 a.m.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? <i>a REMINDER OF MEAL TIMES IS POSTED ON THE WALL: "MEALTIMES: BREAKFAST 630am LUNCH: 1130am DINNER 6pm SNACKS: 930am & 3pm & 9pm"</i></p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u> <i>POSTED TIMES OF MEALS ON THE WALL AT THE RESIDENTS' DINNING AREA, AND IT READS: Breakfast: 630am Snacks: 9am Lunch: 11:30am Snacks: 3pm Dinner: 6pm Snacks: 9pm</i></p>	<p><i>6/9/16</i></p> <p><i>6/9/16</i></p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</u> (h) All persons who prepare food shall wash their hands with soap and water prior to food preparation and cooking. FINDINGS No lathering hand soap available for the following: <ol style="list-style-type: none"> 1. Kitchen sink, where food is prepared 2. Staff bathroom. 	WHAT DID YOU DO TO CORRECT THE DEFICIENCY? REFILLED THE SOAP CONTAINER @ KITCHEN SINK AND STAFF BATHROOM. FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? REFILL ALL SOAP CONTAINER IMMEDIATELY WHEN THERE IS 1/4 OF SOAP LEFT IN THE CONTAINER.	6/8/16 6/8/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Medication unsecured as follows:</p> <ol style="list-style-type: none"> 1. Bedroom #3, "Latanoprost Opt 0.0005%" eye drops, "CVS Lubricating Eye Drops". 2. Bedroom #4, "Cortizone 10 Cream". 3. Resident Bathroom, "Zinc Oxide Ointment USP", "Visine Advanced". 	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? I COLLECTED ALL MEDICATIONS FROM BR#3 AND BR#4 AS WELL AS THE RESIDENT'S BR AND PLACED THEM ALL INSIDE THE MEDICINE CABINET</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I WILL MAKE IT A HABIT TO CHECK ALL DRAWERS FOR ANY MEDICATIONS EVERYDAY.</p>	<p>6/8/16</p> <p>6/8/16</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>FINDINGS Resident #1, no primary care giver's assessment of resident upon readmission.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? I MADE AN ENVELOP CONTAINING COMPILATIONS OF READMISSION FORMS, PRIMARY CARE GIVER'S ASSESSMENT OF RESIDENT INCLUDED; AND LABELED IT: "READMISSION POCKET"</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? KEEP THE "READMISSION POCKET" ON EACH RESIDENT'S CHART READY FOR USE.</p>	<p>6/9/16</p> <p>6/9/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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 order for diet upon re-admission.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>I MADE AN ENVELOPE CONTAINING COMPILATION OF READMISSION FORMS; 6/9/14 PHYSICIAN NOTES INCLUDED - AND LABELED IT: "READMISSION POCKET"</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>KEEP THE "READMISSION - POCKET" ON EACH RESIDENT'S CHART READY FOR USE</p>	<p>6/9/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department</p> <p><u>FINDINGS</u> Facility and resident records on a table in anticipation of the inspection, unsecured.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>PLACED ALL CHARTS ON A LOCKED CABINET IMMEDIATELY AFTER BEING TOLD BY NURSE SURVAYOR AT THE INSPECTION DAY</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>KEEP ALL CHARTS ON LOCKED CABINET @ ALL TIMES. NO CHARTS WILL BE OUT UNTIL NURSE SURVAYOR ASK FOR THEM AT INSPECTION DAY.</p>	<p>6/8/14</p> <p>6/8/14</p>

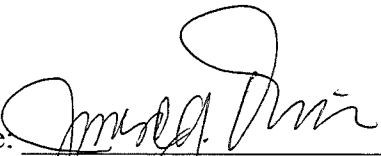
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(C) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each Type I ARCH shall have a written plan for the safe care and evacuation of residents to areas of refuge in case of emergency. This plan shall be reviewed, and updated as necessary, whenever there is a significant change in the physical or mental condition of a resident or whenever a new resident enters the facility. All personnel shall be instructed in their respective duties in carrying out this plan. The written plan with directional diagrams shall be posted in a conspicuous location within the facility;</p> <p><u>FINDINGS</u> No emergency floor posted at the time of the inspection.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>POSTED ALL EMERGENCY FIRE EVACUATIONS ON THE WALL VISIBLE TO ALL RESIDENTS.</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>MAKE MORE XEROX COPIES OF EVACUATION PLAN ON HAND FOR IMMEDIATE REPLACEMENT OF TORN EVACUATION PLANS.</p>	<p>6/8/16</p> <p>6/8/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. Bedroom #1, bedside stand – crumbling pressboard surface and drawers are also worn and crumbling. 2. Resident Bathroom#2, one (1) hole in the wall (six by two inches). 3. Resident Bathroom#2, one five(5) inch section of floor board missing. 	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>1) Replaced the nightstand immediately with plastic drawers made of Rubbermaid.</p> <p>2) Holes were patched up by plumbers after fixing water leaks in the facility.</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1) I will place a plastic liner on top of the nightstand to prevent water spillage or water drain.</p> <p>2) The holes on the floor was created because of the plumbers have to re route pipes. In the future, I will make sure that they will patch up / cover up any holes / every hole's everytime they cannot finish their work in one day.</p>	<p>6/10/16</p> <p>6/10/16</p> <p>6/9/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Bedroom #3, closet for one (1) licensed bedroom used to store Christmas ornaments for the care home.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><i>Christmas ornaments were removed the day after the inspection</i></p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p><i>Purchased a plastic storage cabinet and stored all Christmas ornaments. The plastic storage is now located outside the house</i></p>	<p><i>6/8/16</i></p> <p><i>6/11/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Bedroom #4, battery operated call light not functioning and could not be used by resident at Bed #1.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><i>Changed the battery of call light on BR # 4 immediately after Nurse Consultant left.</i></p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p><i>Keep new batteries on hand for immediate replacement.</i></p>	<p><i>6/8/16</i></p> <p><i>6/8/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Substitute care giver #2, completed nine (9) hours of the twelve (12) hour requirement of annual continuing education. Please submit copies for three (3) additional hours of continuing education, credited towards your 2015-2016 annual inspection year.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><i>Mrs. Labuguen (EE#2) acquired another inservice training on 6/28/16.</i></p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p><i>Will encourage her to attend 12 hours of inservice training per year and I will make extra ^{year} copies of certificates and keep them on ARCH chart for review.</i></p>	<p><i>6/28/16</i></p> <p><i>6/28/16</i></p>

Licensee's/Administrator's Signature: 
Print Name: JESUSA QUINONES
Date: 10/19/16