

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Josephine Cabal (ARCH/Expanded ARCH) | CHAPTER 100.1 |
| Address: 2322 Awapuhi Street #1, Hilo, Hawaii 96720 | Inspection Date: May 17, 2016 Annual |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|--|---------------------------|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(1) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Arranging for immediate transfer or evaluation by a physician for any resident who becomes acutely ill, injured, or dies;</p> <p>FINDINGS No written emergency procedures.</p> | SEE ATTACH SHEET PAGE - 1 | 5/18/16 |
| <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> | SEE ATTACH SHEET PAGE - 2 | 5/18/16 |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|--|-------------------------|-----------------|
| | <u>FINDINGS</u> Resident #1, no physician order for oxygen administration. | | |
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment</u> (g)(3)(f) 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><u>FINDINGS</u> Three (3) residents certified as non-self-preserving.</p> | SEE ATTACH SHEET PAGE-3 | 5/25/14 |
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment</u> (g)(3)(f)(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>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that</p> | SEE ATTACH SHEET PAGE-4 | 5/19/14 |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|--|--|------------------------|
| | <p>the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p>FINDINGS Primary care giver home with one (1) responsible adult and three (3) non-self-preserving residents.</p> | | |
| <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 Resident #1, emergency oxygen tanks: -Stored in the resident's closet -Did not have a stand for protection from falling over.</p> | SEE ATTACH SHEET PAGE - 5 | 5/18/14 |
| <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>FINDINGS Substitute care giver (SCG) #1, no continuing education.</p> | SEE ATTACH SHEET PAGE - 6 SEE ATTACH SHEET PAGE - 7 | 5/18/14 5/29/14 |
| <input checked="" type="checkbox"/> | <p>§11-100.1-84 <u>Admission requirements</u>. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> | SEE ATTACH SHEET PAGE - 8 | 5/25/14 |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|--|-------------------------|-----------------|
| | Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs. <u>FINDINGS</u> Resident #1, no current influenza vaccination. | | |
| <input checked="" type="checkbox"/> | §11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver. <u>FINDINGS</u> For all SCGs: No training provided by case manager to administer medications (oral, transdermal, rectal, oral inhalers) and oxygen administration. | SEE ATTACH SHEET PAGE-9 | 5/20/14 |

Licensee's/Administrator's Signature: Josephine Cabal

Print Name: JOSEPHINE CABAL

Date: 6/20/14

Licensee's/Administrator's Signature: Joseph Call

Print Name: JOSEPHINE CALL

Date: 07/24/2016

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11-100.1-12 Emergency care of residents and disaster preparedness. (a) (1)

Plan of Correction: Emergency procedures compiled and in place. See attached. To avoid this issue in the future, "Emergency Procedures", will be part of my admission package in my binder, for all caregivers to review and be able to access as needed.

Licensee/Administrator's Signature Josephine Cabal
Print Name JOSEPHINE CABAL
Date 5/18/14

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11-100.1-17 Records and reports (a) (6)

Plan of Correction: Order noted on former caregivers' orders, dated 2/2/2016. To avoid this issue in the future, I will have the physician complete orders prior to admission and review all orders for completeness, regarding treatments and medications.

I obtained a clarifying order from the physician regarding the administration of the oxygen, signed by the physician, for my records.

Licensee/Administrator's Signature Josephine Cabal
Print Name JOSEPHINE CABAL
Date 07/24/14

11-100.1-23 Physical Environment (g) (3) (I) Fire Prevention Protection

Plan of Correction: Upon review of physician's assessment, two residents are non-self-preserving. One resident is self-preserving. To avoid this issue in the future, I will review the non/self-preserving statement as stated by the physician for appropriateness and will review with the RN-Case Manager as needed.

To avoid this issue in the future, I will schedule two persons at my home at all times.

Licensee/Administrator's Signature Josephine Cabal
Print Name JOSEPHINE CABAL
Date 07/26/2014

11-100.1-23 Physical Environment (g) (3) (I) (I) Fire Prevention Protection

Plan of Correction: Son in the home, TB test and PE completed. Also, there is 2 non self-preserving residents and one self-preserving resident in the home. To avoid this issue in the future, will review non/self-preserving statements for appropriateness and will have back-up person in the home, with the requirements completed

Licensee/Administrator's Signature Josephine Cabal
Print Name JOSEPHINE CABAL
Date 5/19/16

1-23 Physical Environment (h) Physical Environment

Plan of Correction: Per vendor, if stand unavailable, tank should be laid down, horizontally, on a flat surface. Stand picked up at office. To avoid this issue in the future, I will review the safety issues for storing oxygen with the vendor to handle the oxygen tanks safe and appropriately.

Stand was picked-up at the vendor's office. Oxygen tank placed in stand and stored out of the way of the traffic in the residents room.

Licensee/Administrator's Signature Josephine Cabal
Print Name JOSEPHINE CABAL
Date 07/26/2014

11-100.1-83 Personnel and staffing requirements. (5)

Plan of Correction: Continuing education completed. To avoid this issue in the future, I will review all substitutes records for requirements as stated in Chapter 11-100.1-83 (5), monthly for completeness. I will set up a trigger list to alert myself for updates on requirements as needed.

To avoid this issue in the future, upon hiring, I will alert all substitute caregivers of the annual requirements, including 12 continuing education hours. My list will help me to remind the caregivers two-three months in advance that they need to obtain continuing education hours, by a certain deadline.

Licensee/Administrator's Signature Joseph Cabal
Print Name JOSEPHINE CABAL
Date 07/26/2014

14500

11-100.1-84 Admission requirements. (b) (4)

Plan of Correction: Flu Shot per previous caregiver, resident ill at the time of vaccination. 2nd attempt for flu vaccination, out of vaccination. MD recommend await new season flu vaccination. To avoid this issue in the future, I will schedule appointments for flu shots, as soon as possible, post illness to ensure resident is covered with the vaccination.

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Print Name JOSEPHINE CABAL
Date 5/25/14

11-100.1-87 Personal Care Services. (e).

Plan of Correction: All substitutes have been trained in all medications ordered per MD. To avoid this issue in the future this case manager will train all PCGs and SCGs as stated in Chapter 11-100.1-87 (e) regarding Personal Care Services.

I will contact the RN/Case Manager, forward a copy of the new orders to the RN/Case Manager. I will review the orders with the RN/Case Manager for correct understanding of the orders and for teaching required to myself and my substitutes.

Licensee/Administrator's Signature Joseph Cabal
Print Name JOSEPHINE CABAL
Date 07/26/2014