Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sadoy, Juanita (ARCH)	**CHAPTER 100.1**
Address: 67-439 Kukea Circle, Waialua, Hawaii 96791	**Inspection Date: May 3, 2016 Annual**

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current; **<u>FINDINGS</u>** PCG no continuing education units. Please submit evidence of six (6) hours of continuing education with your plan of correction. These hours will not count toward your 2016-2017 year.	**WHAT DID YOU DO TO CORRECT THE DEFICIENCY?** I did attend on may 20, 2016 & may 28-2016. I send you a Copy.	8-1-2016
		<u>FUTURE PLAN</u>: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? In the future, I will make a note on my own calendar to remind me to attend contined education every year before training expire so I dont forget.	8-27-16

☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #1 no evidence of annual physical exam. Please submit evidence of physical exam with your plan of correction.	Plan is no longer a substitute care giver	8-1-2016
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #1 no evidence of tuberculosis test. Please submit evidence of tuberculosis test with your plan of correction.	She is no longer a SCG	8-1-2016
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** PCG no record of chest x ray or PPD test. Please submit evidence of PPD or chest x ray with your plan of correction.	In the I will provide a chest X Ray. I did got a copy and I send a copy.	8-1-2016
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG#2 no record of chest x ray or PPD test. Please submit	In the future I will provide a chest X. Ray. I did got a copy I send a copy.	8-1-2016

☒	§11-100.1-15 Medications. (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. **FINDINGS** Bedroom #2, flax oil and fish oil capsule bottles on dresser.	**WHAT DID YOU DO TO CORRECT THE DEFICIENCY?** I did remove it on the day of inspection. **FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will check residents drawer make sure no bottles of medication hidden, and tell the resident not to buy with out doctor order. I did take out the day of inspection	 8-1-2016 8-27-16

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☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 no initials on medication administration record on 5/3/16, and 2/26/16-2/29/16 for the following medications; 1) Ferrous Sulfate 325mg 2) Ranitidine 150mg 3) Colace 100mg 4) Dilantin 100mg 5) Crestor 10mg 6) Lisinopril 5mg 7) Montelukast 10mg	**WHAT DID YOU DO TO CORRECT THE DEFICIENCY?** I did initials on the day of inspections. **FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will combined residents mar sheet and to one folder ~~and~~ I will live in on top the table to remind me to sign ~~to~~ after I give them morning & after dinner.	 8-1-2016

☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 emergency sheet missing the following medications; 1) Ferrous Sulfate 325mg 2) Ranitidine 150mg 3) Colace 100mg 4) Dilantin 100mg 5) Crestor 10mg 6) Lisinopril 5mg 7) Montelukast 10mg	**WHAT DID YOU DO TO CORRECT THE DEFICIENCY?** I did put all the medications on the emergency sheets on the day of inspection **FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** When I write my appt. to my calender, I will also make reminder ~~and my~~ update to Check my emergency sheet.	8-1-2016

☒	§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms: Bedroom furnishings: 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; **FINDINGS** Bedroom #2 no pliable pillow protectors.	**WHAT DID YOU DO TO CORRECT THE DEFICIENCY?** I put pillow protector **FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Will write residents name on their own pillow.	 5-4-16 8-27-16

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☒	§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms: Bedroom furnishings: 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; **FINDINGS** Bedroom #3 no pliable pillow protectors.	**WHAT DID YOU DO TO CORRECT THE DEFICIENCY?** I put pillow protector **FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** We'll write name on each pillow, so we know which residents belong to.	 5-4-16 8-27-16

Licensee's/Administrator's Signature: Juanita O. Sadoy
Print Name: JUANITA O. SADOY
Date: 8-1-16

Licensee's/Administrator's Signature: Juanita O. Sadoy
Print Name: JUANITA O. SADOY
Date: 8-27-16

Licensee's/Administrator's Signature: Juanita Sadoy
Print Name: JUANITA SADOY
Date: 11-4-16