

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

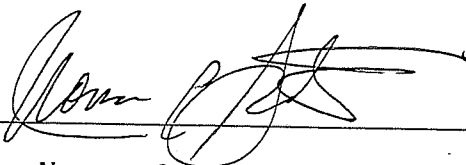
Facility's Name: Santos, Norma (ARCH)	CHAPTER 100.1
Address: 4240 Keaka Drive, Honolulu, Hawaii-96818	Inspection Date: January 14, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§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:</p> <p>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;</p> <p><u>FINDINGS</u> Primary care giver documentation of two hours of continuing education only. Submit documentation of additional four hours of continuing education hours with your plan of correction.</p>	<p>Primary care giver will complete six hours of continuing education sessions per year. All in-service training will be documented and kept current. Two hours of training session was completed on 9/17/15 and an additional two hours on 2/17/16 (see attached). To prevent similar deficiencies from recurring in the future, I will have a checklist of required training needed for care givers. It will indicate the training session, dates, and hours needed to fulfill the requirement needed each year. A reminder note will be placed in my ARCH folder to ensure completion.</p>	2/17/16

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS Resident #1 No progress note for 3/3/15 admission to emergency room.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS Resident #1 No incident report for 8/26/15 admission to emergency room.</p>	<p>The incident was documented in the resident's progress notes on 8/26/15. However, not in an incident report. An incident report for Resident #1's admission to the emergency room was made on 1/15/16. To prevent similar deficiencies from recurring in the future, incident reports for all residents will be completed immediately when an emergency or unusual incident occurs. A checklist will be placed in my ARCH folder, indicating the procedure during an emergency situation. It will be used as a reminder to ensure that proper documents are completed.</p>	<p>1/15/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p>FINDINGS Resident #1 No documentation that three pound weight loss that occurred between 9/15 and 10/15 communicated to</p>	<p>Documentation of Resident #1's three pound weight loss and 4 pound weight gained was made on 1/19/16. Resident's physician was informed of the weight changes that occurred between 9/15 and 11/15. To prevent similar deficiencies from recurring in the future, I will check and record each resident's weight. Any significant changes in the resident's health status such as weight loss and weight gain will be reported to the resident's physician and documented in resident's folder for review.</p>	<p>1/19/16</p>

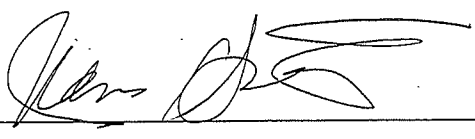
	Rules (Criteria)	Plan of Correction	Completion Date
	physician. No documentation that four pound weight gain that occurred between 10/15 and 11/15 communicated to physician.	Communication to the resident's physician will be made when weight changes (5% or greater weight loss/gain with one month, 7.5% or greater within three months and 10% or greater within six months) occur	(cont.)
☒	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(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>FINDINGS Resident #1 certification of self-preservation incomplete, indicates ambulatory but does not indicate self-preserving.</p>	<p>Certification of Self-Preservation for Resident #1 was completed by resident's physician on 3/14/16 (See attached). To prevent similar deficiencies from recurring in the future, documentation of self-preservation for each resident will be obtained by the resident's physician prior to admission to care home. A checklist will be placed in an admission packet together with the ARCH policies and agreement forms to ensure all required documents are received. If there is no certification of self-preservation prior to or upon admission the patient will not be admitted.</p>	3/14/16
☒	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>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;</p> <p>FINDINGS Resident #1 No plastic pillow protector or permanent marking to indicate ownership.</p>	<p>Plastic pillow protectors with permanent markings were provided to each resident. Each pillow protector was marked with the resident's name. To prevent similar deficiencies from recurring in the future, an inventory checklist will be used to ensure that each resident is supplied with the proper bedroom furnishings and labeled with their names to identify ownership. Each time the pillow protectors are removed (for washing), I will make sure to replace them back.</p>	2/5/16

11-100.1-20 in order to address any underlying cause of medical issue.

Licensee's/Administrator's Signature: 

Print Name: Norma Santos

Date: 2/12/2016

Licensee's/Administrator's Signature: 

Print Name: Norma Santos

Date: 4/25/16