

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Acnam's (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 2467 North School Street, Honolulu, Hawaii 96819	Inspection Date: April 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)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS Substitute Care Giver #2, no documentation of training by primary care giver to make medications available and document such action.</p>	<p><u>Current:</u> Trained and submitted document of training for SCG #2 with POC</p> <p><u>Future</u> Whenever I take on a new SCG I will document training how to give medication/documents before they start work.</p>	4/8/16
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(3) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Response to disasters which would include evacuation,</p>	<p><u>Current:</u> Updated plan with specific location if Care Home/Home is no habitable. Location will be 2468B North School St Hon, HI 96819</p>	4/9/2016

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>emergency shelters, and food supply, and as directed by the Civil Defense.</p> <p>FINDINGS Disaster plan does not indicate specific place residents will live if care home is not habitable.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Raid insect spray stored unsecured in Bathroom #2.</p>	<p><u>Current</u>: Secured cabinet with padlock.</p> <p><u>Future</u> Whenever I'm not using cabinet I will secure/lock it.</p>	<p>4/8/2014</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 Omeprazole DR 40 mg ordered before meal, medication administration record reflects made available at 8 a.m.; per licensee, latest breakfast served at 6 a.m.</p> <p>Resident #1 Quetiapine 50 mg ordered BID with meals, medication administration record reflects medication made available at 8 p.m.; per licensee earliest dinner served at 5 p.m.</p> <p>Resident #1 Acetaminophen 325 mg, two tablets ordered BID and every four hours PRN not to exceed four grams/day. Medication administration record only reflects Acetaminophen 325 mg, two tablets BID.</p>	<p><u>Current</u> Changed MAR to match medication order(s).</p> <p><u>Future</u> In the future I will double check medication order(s)/documents if they match correctly.</p>	<p>4/8/2014</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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 Pillow in Bedroom #5, name on pillow indicates pillow being re-used for another resident, no plastic pillow protector.</p>	<p><u>Current</u> Disposed of former resident's pillow and provide with a new pillow.</p> <p><u>Future:</u> In the future I will dispose of old pillows.</p>	4/18/2016
☒	<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 Givers #1, #3, documentation of only 11 hours of continuing education. Submit documentation of one additional hour of continuing education for Substitute Care Givers #1, #3 with your plan of correction.</p>	<p><u>Current:</u> Obtained a certificate of completion for in-service from Case Management for SCG #1 + SCG #3 (See Enclosed attachment)</p> <p><u>Future:</u> In the future I will double check one month before inspection.</p>	4/21/2016

* Note: SCG #3 (Romualdo Acnam (Correction of spelling name))

Licensee's/Administrator's Signature: Castora Acnam
Print Name: CASTORA ACNAM
Date: 4/21/16