

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: <i>BENITA ARCH</i> Benita's	CHAPTER 100.1
Address: 1121-A Kahoa Street, Hilo, Hawaii 96720	Inspection Date: September 13, 2016

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

	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><u>FINDINGS</u> No emergency procedures.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>YES, I MADE THE NECESSARY CORRECTION ON OCTOBER 3, 2016 I DRAFTED A WRITTEN PROCEDURE IN AN EMERGENCY SITUATION. I INFORMED AND EXPLAINED TO ALL MY SUBSTITUTE CAREGIVERS OF THE IMPORTANCE OF A PROCEDURES GUIDELINES.</i></p>	<p><i>10/03/2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-12 (a)(1)	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">"IN THE FUTURE, I WILL"</p> <p style="text-align: center;">DEVELOP AN UPDATED CHECKLIST AND MAINTAINS IT. I WILL ALSO DISCUSS THESE ISSUES WITH MY SUBSTITUTE CARE GIVERS.</p>	10/09/2016

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Purex™ and liquid bleach unsecured in laundry room/bathroom.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I CALLED MY CARPENTER TO MAKE A CABINET W/ LOCK FOR MY LAUNDRY SUPPLY. HE TOLD HE CAN'T COME RIGHT AWAY. SO I DECIDED TO LOCK A EMPTY BIG BOX AND PUT ALL MY LAUNDRY SUPPLY. SUCH AS POWDER SOAP (PUREX) LIQUID BLEACH (CLOROX). TEMPORARLY I HIDE UPSTAIRS SO ALL THE RESIDENTS CAN'T SEE AND TAKE IT. WHICH I'M ALONE LIVING UPSTAIRS.</p> <p>MY CARPENTER CAME 9/01/2016 AND STARTED MEASURE AND BUY WHATEVER NEEDED FOR SMALL CABINET WITH LOCK BY MY LAUNDRY ROOM. AS SOON HE'S DONE I'LL RETURN AND BRING DOWN ALL MY LAUNDRY SUPPLY AND LOCK IT, INSIDE THE CABINET. FOR THE SAFETY OF ALL RESIDENTS.</p> <p>MY CARPENTER TOLD, BECAUSED HE ALSO HAVED ANOTHER JOB. HE WILL FINISH BY 10/07/2016.</p>	<p>9/16/2016</p> <p>10/07/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-14 (f)	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>"IN THE FUTURE I WILL" AND I SHOULD ALWAYS REMEMBER ALL TOXIC CHEMICALS, CLEANING AGENTS, FERTILIZERS, BLEACHES AND ALL OTHER POISONS SHALL BE PROPERLY STORED IN A CABINET WITH LOCK, OR CONTAINER WITH LOCK AND SECURELY STORED AND APART FROM FOOD SUPPLIES FOR EVERY BODY SAFETY LIVING IN MY CARE HOME.</p> <p>OR WHENEVER I'LL BUY CHEMICALS, CLEANING AGENTS OR OTHER POISONS, I SHOULD WRITE DOWN A CHECK LISTS AND POST IT IN KITCHEN, OR EVERY PLACE THAT EASY TO SEE OR PUT IN CALENDAR, OR NEAR THE CLOCK WHICH WE ALWAYS LOOK THE TIME.</p> <p>MAINTAIN CHECK LIST OF ALL TOXINS AND OTHER POISON, NEEDED A PROPER PLACE TO STORED SEPARATELY.</p>	9/16/2016

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Resident #1, physician order dated May 26, 2016 read, "Risperidal 0.5 mg po QHS." However, the May 2016 medication record read, "Risperidone 0.5 mg tab take 1 tab orally every bedtime. <u>May repeat 1 time for insomnia.</u>"</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I WENT TO THE PHARMACY AT PUKUHONO PLACE LONGS PHARMACY AND ASK FOR THE PRESCRIPTION COPY THAT DR. J. HEASTER PRESCRIBED FOR ELEANOR IBARRA THE RISPERIDONE 0.5 MG.TAB. TAKE 1 TAB. ORALLY EVERY BEDTIME. MAY REPEAT 1 TIME FOR INSOMNIA .</p> <p>ENCLOSED IS THE COPY OF THE PRESCRIPTION RISPERIDONE 0.5 MG.TAB. DR J. HEASTER PRESCRIBED FOR ELEANOR IBARRA .</p>	<p>9/16/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-15 (e)	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I SHOULD ALWAYS CHECK WHEN I'LL BRING RESIDENT APPT. AND IF DR. PRESCRIBED NEW OR CHANGE DOSSAGES OF MEDICATIONS IF HE WRITE IN PHYSICIAN RECORD ORDER AND SIGN IT. OR I'LL ASK A COPY OF THE PRESCRIPTION HE ORDERED FOR THE RESIDENT, TO THE PHARMACY. SO IT DOESN'T HAPPEN AGAIN THIS MISTAKE OF MINE IN THE FUTURE.</p>	9/16/2016

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Resident #1, no plastic pliable pillow protector.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>YES, I DID CORRECT IT. I WENT WALMART TO BUY NEW PLIABLE PLASTIC PILLOW PROTECTOR. WHEN I ARRIVED, FOR THE RESIDENTS #1, I DID PUT RIGHT AWAY THE PLIABLE PLASTIC PILLOW PROTECTOR ON HER PILLOW.</i></p>	<p><i>9/16/2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-23 (o)(3)(B)	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">"IN THE FUTURE I WILL" AND I THINK I SHOULD ALWAYS BUY SOME EXTRA PLASTIC PILLOW PROTECTOR SO THAT WHENEVER ANY RESIDENT TAKE OUT HER PLASTIC PILLOW PROTECTOR, I HAVE SOMETHING TO CHANGE OR PUT IN RIGHT AWAY. OR IF SHE DON'T WANT, JUST PUT HER OWN NAME INITIAL ON THE PILLOW AND GIVE IT TO HER WHEN SHE MOVE OUT.</p>	9/16/2016

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p>FINDINGS Bottled water stored on kitchen floor.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I LET MY CARPENTER MADE A SINGLE LAYER SHELVES LIKE, ABOUT 6" HIGH OR A LITTLE MORE, FROM THE FLOOR AND I STORED THE CASES OF BOTTLED WATER ON TOP OF IT.</p>	<p>10/03/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-23 (r)	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>MY FUTURE PLAN, EVERY TIME I BOUGH BOTTLE WATER, AS SOON I ARRIVE HOME, I WILL STORE ALL ON TOP THE SHELVES NOT IN THE FLOOR.</p> <p>I ALSO TALK AN EXPLAIN TO ALL MY SUBSTITUTES ABOUT THIS IMPORTANT PLAN, AND IN CASE I'M AWAY OUT FROM THE CARE HOME THEY ALL DO IT THE SAME. TO ENSURE IT DOESN'T HAPPEN AGAIN.</p>	11/04/2016

Licensee's/Administrator's Signature: Benita Baruel

Print Name: BENITA BARUEL

Date: 10/04/2016

Licensee's/Administrator's Signature: Benita Baruel

Print Name: BENITA BARUEL

Date: 10/14/2016

Licensee's/Administrator's Signature: Benita Baruel

Print Name: BENITA BARUEL

Date: NOVEMBER 4, 2016
