

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cuaresma ARCH	CHAPTER 100.1
Address: 94-548 Farrington Highway, Waipahu, Hawaii 96797	Inspection Date: June 2, 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> (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.</p> <p>FINDINGS Substitute care giver (SCG) #1 & SCG #3 – No physical examination. Submit a copy with the plan of correction (POC).</p>	<p><i>Before my inspection I have to remind my substitute to take physical examination and TB screening Test.</i></p> <p><i>I told my SCG #1 & #3 to get their P.E. copies submitted. I will use a chart and check the chart monthly to keep track of the P.E. for my SCG's myself so I can remind them to schedule an appointment 3 month before expiration the month before my inspection. I will check to make sure I receive the copy of the P.E.</i></p>	<p><i>9/28/16</i></p> <p>16 OCT</p> <p>REC'D</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p>FINDINGS SCG #2 – TB skin test placed on 4/7/16; however, the date read was not documented. Submit a copy with the POC.</p>	<p>I will remind my substitute that before she get out from Dr. office she should check the date for reading TB Test.</p>	<p>6/29/16</p>	
	<p>SCG #3 – No screening for symptoms consistent with pulmonary tuberculosis. Submit a copy with the POC.</p>	<p>Copy of TB skin test submitted for SCG #2. copy of the screening TB submitted for SCG #3. I will use a chart and check the chart monthly to keep track of the T.B. clearance. I will remind my SCG to schedule an appointment 3 month before expiration in the month before expiration I will check to make sure I received the copy of the TB clearance.</p>	<p>9/28/16 -5:12:15 EVAUD</p>	
		<p>I will check that the TB Test has the date place and the read before I file. I will staple the P.T. and screening form together so that they are completed at the same time for SCG #3.</p>		
<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 All SCGs – No documentation of training to make medications available to residents. Submit a copy for each with the POC.</p>	<p>I will be very careful to train to make medication available to residents.</p>	<p>6/29/16</p>	
		<p>I trained all my SCG and submitted copy of the training. For new SCG I made a check list of documents they need to have before they start working including medications for residents. Every year I will renew the training with SCG.</p>	<p>9/28/16</p>	

<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p>FINDINGS Menu was not posted in the resident dining area.</p>	<p><i>I posted the menus in the dining room & kitchen. Every week when I change my menu in the kitchen I will change / post the menu in the resident dining area.</i></p>	<p>9/28/16 OCT -5 P12 RECEIVED</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p>FINDINGS Refrigerator in the kitchen had a digital metal stem thermometer which registered 47° F & 50° F when checked.</p>	<p><i>I bought a refrigerator thermometer for upstairs and downstairs refrigerator. Every time I open the refrigerator I will check the reading of the thermometer. I will instruct my S & G to check the temperature also.</i></p>	<p>9/28/16</p>



§11-100.1-15 Medications. (e)

All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.

FINDINGS

Resident #1 – “Furosemide 20 mg oral tablet Take 1 tablet by mouth once daily Hold for systolic BP < 110” ordered 3/16/16, 12/30/15, and 7/28/15; the medication record reflected:

10/17/15 BP = 108/75; the medication was given
5/8/15 BP = 108/75; the medication was given

No blood pressure taken June 2015, November 2015, December 2015, January 2016, February 2016, and March 2016.

No blood pressure taken September 10-30, 2015.

Resident #1 – “Losartan 100 mg oral tablet Take 1 tablet by mouth daily for hypertension Hold for systolic BP < 100” ordered 3/16/16, 12/30/15 and 7/28/15.

No blood pressure taken June 2015, November 2015, December 2015, January 2016, February 2016, and March 2016.

No blood pressure taken September 10-30, 2015.

Resident #1 – “Mirtazapine 15 mg Take ½ tablet by mouth once daily at bedtime as needed for agitation Hold for excessive sedation” ordered 7/28/15; no physician order to discontinue effective October 2015. Medication was not recorded on the October 2015 and November 2015

medication records. Primary care giver stated the medication was discontinued; however, medication reflected on the December 2015 and February 2016 medication records.

Resident #1 – No written physician order for “Robafen DM” and “pain reliever” noted on the 12/26/15 Emergency Room After Visit Summary. Order was written on 12/30/15 After Visit Summary by the primary care physician. Medication taken by the resident 12/26/15 to 12/27/15.

Resident is no longer in my care home. Resident died. I was ~~the~~ taking the BP before giving medication for Furosemide & Losartan.

I will double check Dr's order and record in my MAR. The BP I will always record the BP in the MAR. If I'm giving the med. Every month when I make new MAR I will double what was recorded on the MAR with the physician order & medication.

Before I leave the ER I will ask for a written order for the medication.

Everytime a patient goes to emergency before leaving the hospital I have to check the record that the Dr. write down in the discharge paper.

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS Resident #1 – No progress notes from June 2015 to December 2015.</p> <p>Resident #1 – No progress notes regarding need for and response to “Azithromycin,” “Robafen” and “pain reliever” ordered 12/26/15 and taken from 12/26/15 to 12/30/15.</p>	<p>Resident #1</p> <p>1) I am unable to correct the deficiency.</p> <p>2) To prevent a similar deficiency I will mark my calendar so that when I do my progress notes I also take the monthly weights I made a list of tasks I must do every month so I don't forget. I will include the resident's response for medication when they get sick.</p>	<p>9/28/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS Resident #1 – No monthly weights January 2016 to May 2016.</p>	<p>I am unable to correct the deficiency to prevent a similar deficiency I will make a list of tasks I must do every month which include the weights.</p>	<p>STATE OF MARYLAND DEPARTMENT OF HEALTH 16 OCT -5 PM 2:15 RECEIVED</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><u>FINDINGS</u> Resident #1 – Incident reports for 7/12/15 (found on the floor) and 12/26/15 (experienced headache and neck pain) were in the resident record.</p> <p>Resident #1 – No progress notes for fall on 7/12/15 and headache and neck pain on 12/26/15. In both situations, the resident was taken to the emergency room.</p>	<p><i>I removed the incident reports from the resident record & placed in the care home binder.</i></p> <p><i>When there is an incident I will write an incident report and file in the care home binder. I will also write progress notes at the of the incident.</i></p>	<p>9/28/16</p>
<input checked="" type="checkbox"/> <p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – No legend for initials used on medication records.</p>	<p><i>I have a legend for care givers initials on the medication record.</i></p> <p><i>At the end every month I will check that the S & G write on legend.</i></p>	<p>9/28/16</p> <p>STATE OF NEW YORK DEPARTMENT OF HEALTH DIVISION OF NURSING</p> <p>96 OCT -5 PM</p> <p>RECEIVED</p>
<input checked="" type="checkbox"/> <p>§11-100.1-23 <u>Physical environment.</u> (h)(3) 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>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Window screen frame (adjacent to the front door) in the resident area was warped; therefore, did not fit properly creating a gap along the edge of the screen.</p>	<p><i>I had the window screen fixed</i></p> <p><i>I made a checklist of areas I must check to maintain the facility: Check windows, screens so can fix right away.</i></p>	<p>9/28/16</p>



§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

Two (2) of three (3) resident beds did not have pliable plastic pillow protectors.

I bought plastic pillow protectors
for all pillows.

check pillow on laundry day 9/28/16
to make sure the plastic cover
is there.

If resident refuse to use plastic
pillow cover I will put their
name on the pillow and dis-
card it give to them when
discharged.

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Licensee's/Administrator's Signature: Julia Cuaresma

Print Name: JULIA CUARESMA

Date: 6/29/16

Licensee's/Administrator's Signature: Julia Cuaresma

Print Name: JULIA CUARESMA

Date: 9/28/16