

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Fernandez, Carlina (ARCH/Expanded ARCH)	<b>CHAPTER 100.1</b>
<b>Address:</b> 137B Hokulani Street, Hilo, Hawaii 96720	<b>Inspection Date: March 15, 2017 Annual</b>

**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>§11-100.1-9 <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><b>FINDINGS</b>  Substitute care giver (SCG) #1, who provided resident care while primary care giver was on leave, no physical examination.</p>	<p style="text-align: center;"><b>PART 1</b>  <u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>yes, I obtained the current PE. of substitute caregiver and have it on file on PCG folder.</i></p>	<p style="text-align: center;"><i>4-15-17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (a)	<p style="text-align: center;"> <b>PART 2</b>  <b><u>FUTURE PLAN</u></b> </p> <p style="text-align: center;"> <b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> </p> <p> <i>In the future, before hiring a substitute caregiver, I will obtain a current P.E. at least one to 2 months before supervisor inspection and have it on file on P.C.G. folder.</i> </p>	<p style="text-align: right;">4-15-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><b><u>FINDINGS</u></b>  SCG #1, who provided resident care while care giver was on leave, no tuberculosis (TB) clearance.</p>	<p style="text-align: center;"><b>PART 1</b>  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Yes, I obtained the current T.B. clearance for substitute #1 and file it immediately in P.C.C folder.</i></p>	<p><i>3-21-17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (b)	<p style="text-align: center;"> <b>PART 2</b>  <b><u>FUTURE PLAN</u></b> </p> <p style="text-align: center;"> <b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> </p> <p> <i>In the future, before hiring a substitute caregiver, I will obtain current T.B Clearance ahead of time. 2 to 3 months prior to my inspection. I will see to it that current T.B Clearance is available and file it on PCG folder.</i> </p>	<p style="text-align: right;">3-21-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> Primary care giver (PCG) no current cardiopulmonary resuscitation (CPR) certification.</p>	<p style="text-align: center;"><b>PART 1</b> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Yes, I obtained CPR certificate and immediately filed it in PCG folder.</i></p>	<p>3-21-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (e)(3)	<p style="text-align: center;"> <b>PART 2</b>  <b><u>FUTURE PLAN</u></b> </p> <p style="text-align: center;"> <b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> </p> <p> <i>In the future, so that this findings won't happen again I will obtain current certificate and file it on PCB folder. I will often check my check list every 1 to 2 months, so everything will be updated.</i> </p>	<p style="text-align: center;">3-21-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> PCG, no current first aid certification.</p>	<p><b>PART 1</b> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>yes, I obtained my first aid certificate and file it immediately in my folder.</i></p>	<p><i>3-21-17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (f)(1)	<p style="text-align: center;"> <b>PART 2</b>  <b><u>FUTURE PLAN</u></b> </p> <p style="text-align: center;"> <b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> </p> <p> <i>In the future, so that this finding won't happen again I will obtain my CPR certificate and file it in PCy folder. I will check my checklist every month to remind myself of all the requirements and update it.</i> </p>	<p style="text-align: right;">3-21-17</p>

	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><b><u>FINDINGS</u></b> Household cleanser – “Comet” unsecured in resident bathroom cabinet. <b>This is a repeat deficiency from your 2016 annual inspection.</b></p>	<p style="text-align: center;"><b>PART 1</b> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Yes, I corrected this deficiency by putting away all toxic chemicals and cleaning agent and stored at secured place.</i></p>	<p style="text-align: right;">3-15-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-14 (f)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>In the future, to avoid forgetting it, after using the cleaning agent and toxic chemicals I will put them right away in secured and lock storage</i></p>	<i>3-15-17</i>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c)            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u>            Resident #1, medication bin contained a bottle of prescription medication belonging to another resident.</p>	<p><b>PART 1</b>  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>yes, I corrected this deficiency immediately. I double check the medication bin carefully. I separated the medication that doesn't belong to the other resident</i></p>	<p><i>3-16-17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (c)	<p style="text-align: center;"> <b>PART 2</b>  <b><u>FUTURE PLAN</u></b> </p> <p style="text-align: center;"> <b>USE THIS SPACE TO EXPLAIN YOUR            FUTURE PLAN: WHAT WILL YOU DO TO            ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> </p> <p> <i>In the future, I will make sure            to read the label of all medications            of each resident and put back            to their respective bin.</i> </p>	<p style="text-align: right;"> <i>3-16-17</i> </p>

	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><b>FINDINGS</b> Resident #1, physician order dated February 16, 2016 read, "D/C Januvia, Onglyza 5 mg qd for DM." However, March – April 2016 medication records read, "Januvia 100 mg 1 tab po QD" and the new medication order (Onglyza 5 mg) was not transcribed on to the medication record.</p>	<p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">3-16-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-15 (e)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future, I will review all physicians' orders and carefully transcribe on the MAR to avoid confusions. as soon as I documented, I will read again on more time to check for any mistakes transcribe</i></p>	3-16-17

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e)  The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1, no care giver training provided by the case manager to perform blood sugar checks as ordered by the physician.</p>	<p style="text-align: center;"><b>PART 1</b>  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Yes, I found caregiver training in one folder and have it on file right away.</i></p>	<p style="text-align: right;"><i>3-16-17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-87 (e)	<p style="text-align: center;"> <b>PART 2</b>  <b><u>FUTURE PLAN</u></b> </p> <p style="text-align: center;"> <b>USE THIS SPACE TO EXPLAIN YOUR            FUTURE PLAN: WHAT WILL YOU DO TO            ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> </p> <p> <i>In the future, I will check            carefully 2 to 3 times my            check list to see to it that            I completed all the requirements            before inspection</i> </p>	<p style="text-align: right;"> <i>3-16-17</i> </p>

Licensee's/Administrator's Signature: Carlina Fernandez

Print Name: CARLINA FERNANDEZ

Date: 4-18-17