

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tuliao ARCH	CHAPTER 100.1
Address: 298 Olu Street, Hilo, Hawaii 96720	Inspection Date: January 10, 2017 Annual

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><u>FINDINGS</u> Substitute care giver (SCG) #1 and SCG #2, no physical examination.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>(PCG) Primary caregiver obtained (PCG) Physical Exam for (SCG) #1 and SCG #2 and filed it after the finding by DOH surveyor.</i></p>	<p style="text-align: right;"><i>1/16/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-9 (a)	<p style="text-align: center;">PART 2 <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;"><i>Before hiring a SEG I'll make sure that PCG will obtain a current PE ahead of time and have it available on file at least 1 month before surveyor's inspection.</i></p>	<i>1/16/17</i>

	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>FINDINGS SCG #1 and SCG #2, no tuberculosis (TB) clearance.</p> <p>This is a repeat deficiency from your 2016 annual inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>(PCG) obtained (TB) clearance for SCG #1 and SCG #2 and filed it immediately inside PCG's folders.</i></p>	<p style="text-align: center;"><i>1/16/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (b)	<p style="text-align: center;"> PART 2 <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;"> <i>Before hiring a (SCC) Substitute Caregiver I will obtain TB clearance from both of them SCC#1 and SCC#2 I'll make sure that current TB clearance should be made available at least one month prior to PCB's request for vacation.</i> </p>	<p style="text-align: center;"> <i>1/16/17</i> </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><u>FINDINGS</u> SCG #1 and SCG #2, no first aid certification.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>yes, I obtained First Aid Certificate for SCG #1 & SCG #2 and filed it immediately inside PCE's folder.</i></p>	<p style="text-align: center;"><i>1/16/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (e)(3)	<p style="text-align: center;">PART 2 <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;"><i>To ensure that this findings won't happen again, I will obtain current (FA) First Aid Certificate before hiring SCG#1 and SCG#2 at least a month or 2 before hiring and will keep it handy to (PCG) Primary Caregiver's folder.</i></p>	<p style="text-align: right;"><i>1/16/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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>FINDINGS SCG #1 and SCG #2, no cardiopulmonary resuscitation (CPR) certification.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Yes, PEG obtained (CPR) Certificate after the findings for SCG #1 & SCG #2 and filed it inside PEG's folder.</i></p>	<p style="text-align: center;"><i>1/16/17</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;">PART 2 <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;"><i>To ensure that this findings won't happen again I will obtain current CPR certificate before firing SCG#1 and SCG#2. I will notify them at least one month or 2 before firing and will file a copy inside PCG's folder.</i></p>	<p style="text-align: right;"><i>1/16/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p>FINDINGS Resident #1, physician order dated April 27, 2016 read, "Thick-it (Food thickener reg. strength) for swallowing disorder." However, no documentation that the thickened liquids order was clarified with the physician to include the consistency.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I spoke to the Doctor for Res. #1 for clarification "thick it" about the right consistency and have the answer "guava juice" consistency at the same time the doctor have to discontinue because Res. #1 no longer need it. Resident doesn't experience choking, got better and problem solved at this time.</i></p>	<p style="text-align: right;"><i>2/15/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-13 (k)	<p style="text-align: center;"> PART 2 <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;"> <i>In the future, Physician order "check it" PCG will clarify with the right consistency to be given to res.#1 and should be documented right away to avoid forgetting.</i> </p>	<p style="text-align: center;"> <i>2/15/17</i> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident #2, a bottle of "Q-tussin DM" unsecured on refrigerator door.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Yes, I corrected this deficiency when Surrego came for inspection. I discarded away the bottle found inside the fridge "Q-tussin DM" because the date of usage expired and can't use it anymore.</i></p>	<p style="text-align: center;"><i>4/9/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (b)	<p style="text-align: center;">PART 2 <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;"><i>In the future I'll make sure that this findings doesn't happen again. I will keep med in a secured container inside the fridge. I will label and lock it properly and have it place in a separate place.</i></p>	<p style="text-align: center;"><i>1/10/17</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><u>FINDINGS</u> Resident #1, physician order dated April 27, 2016 read, "Thick-it (Food thickener reg. strength) for swallowing disorder." However, order was not transcribed on the April 2016 medication record.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (e)	<p style="text-align: center;"> PART 2 <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>To ensure that this findings doesn't occur again I will transcribe on the MAR immediately as soon as I can to avoid forgetting and also will check my calendar to remind me -</i> </p>	<p style="text-align: right;">2/18/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (g)	<p style="text-align: center;">PART 2 <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>In the future I will check my record every so often to remind me if medication has been updated about 3-4 months. If not, make appointment ^{to} bring it to see the doctor for reevaluation. I will keep all records signed and dated by the Physician inside my folder right away to avoid forgetting.</i></p>	<p style="text-align: right;"><i>2/18/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #2, <u>expired</u> bottle of "Q-tussin DM" unsecured on refrigerator door.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Yes, I corrected this deficiency by discarding the expired bottle of "Q-tussin DM" from the fridge at time of inspection.</i></p>	<p style="text-align: center;"><i>1/10/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (1)	<p style="text-align: center;">PART 2 <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;"><i>In the future I will check expiration date of proscribed Medication before storing it inside the refrigerator. I will check it before the beginning of the month. I will keep obs in a lock container, labeled and should be separated to avoid contamination.</i></p>	<p style="text-align: right;"><i>1/10/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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 Primary care giver (PCG) and SCG #3 completed eleven (11) of the required twelve (12) continuing education hours for 2017 annual inspection year.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>yes, I corrected this deficiency by obtaining 1 more credit to complete the required (12) CE for 2017 annual inspection. I kept in my log book for future reference.</i></p>	<p style="text-align: center;"><i>7/9/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-83 (5)	<p style="text-align: center;">PART 2 <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>I will attend CE Workshops that I read from newspaper or flyers relevant to the needs of the resident - I will mark on my calendar the place, date, time and credit hours.</i></p> <p><i>For additional hours I'll go on line find a website that offers free CE and download the brochures - I'll print out, answer the test questions, correct the test, date it indicate the name of Caregiver and have it filed inside KGI's folder.</i></p>	<p style="text-align: right;"><i>3/15/17</i></p>

Licensee's/Administrator's Signature: Genevieve Tuliao

Print Name: Genevieve Tuliao

Date: 3/16/17

Licensee's/Administrator's Signature: Genevieve M. Tuliao

Print Name: Genevieve M. Tuliao

Date: 4/10/17