

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Amelita Samaniego ARCH	CHAPTER 100.1
Address: 94-1064 Halelehua Street, Waipahu, Hawaii 96797	Inspection Date: June 17, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (a)(4) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH;</p> <p>FINDINGS Current license <u>not</u> posted in a conspicuous place visible to the public.</p>	<p>- Current license is posted in a conspicuous place visible to the public.</p> <p>= on the day that I receive the license I will put it in incoming tray, then the same day, I will open it and posted on the kitchen wall immediately. I will remove the old license and file it.</p>	<p>2-15-2016</p> <p>3-29-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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</p>	<p>SCG #1 had annual TB skin test on date Tst 1: 02-17-15 date Tst 2: 02-24-15 Date Read 02-26-2015 (See attached)</p>	2-15-2016
	<p>Substitute care giver (SCG) #1- no documentation for annual tuberculosis (TB) skin test. Please submit documentation with your plan of correction (POC).</p>	<p>= Was not file properly - when I receive documents from SCG, I will put in the incoming tray. I supply my incoming tray daily. For TB documents, I will file the annual clearance in the TB clearance folder, so it will</p>	3-29-17
☒	<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</p> <p>No substitute care giver training by the primary care giver for safe medication administration and personal care to residents. Please submit documentation with the POC.</p>	<p>- safe medication administration and personal care to residents for my 2 SCG done and updated quarterly. Enclosed Primary caregiver and substitute care giver training checklist form.</p> <p>= I have to include in my checklist that I will train the substitute care givers in giving and administering prescribed medications and providing personal care to the residents.</p>	2-15-2016
			4-10-2016

		PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p>FINDINGS Menu was not followed during the inspection. Week #2 Wednesday lunch menu read, "skinless chicken curry, tomato, brown rice..." Residents were served a ham sandwich.</p>	<p>Residents were served ham sandwich because I did not have ^{enough} time to cook and I forgot to defrost the skinless chicken the night before.</p> <p>In the future, I will make time to plan the menu one week ahead and make sure all substitutions should be written in a calendar and should be readily available during inspection day as well.</p>	<p>2-15-2016</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p>FINDINGS No documentation that substitutes were offered.</p>	<p>Calendar and should be readily available during inspection day as well.</p>	<p>2-15-2016</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS Resident #1 -</p> <ol style="list-style-type: none"> Medication removed from original labeled container. Physician order dated 05/18/15 read, "Pilocarpine Hydrochloride 2% Ophthalmic Solution i gtt o.u. TID and Timolol Maleate 0.5% Ophthalmic Solution i gtt o.u. BID." However, two (2) bottles used for resident #1 were unlabeled. No diet order for 1500 cal diet. Physician diet order dated 05/18/15 read, "1800 cal"; however, primary care giver phoned hospital dietitian on 06/03/15 to report discharge diet materials read, "1500 cal." Dietician replied, "1500 cal diet is correct." No physician diet order obtained to discontinue 1800 cal diet and start 1500 cal diet. No order documented in resident record for blood glucose testing. Original labeled container of "One-Touch" strips and "Sharps" in resident's bedroom. 	<p>- Please note that this resident had already been discharged since 6-28-15 (see attached)</p> <p>① = When I admitted a new resident, and medications does not have a label, but was ordered by the doctor, I will bring the bottles to the pharmacist and ask for help and for giving the medications.</p> <p>= I will instruct my staff to all medications must be label for the resident.</p> <p>② = I have to use my admission checklist if discrepancies in the admission for the diet. (see attached)</p>	<p>2-15-2016</p> <p>3-29-17</p> <p>3-29-17</p>

Pg ② 1-15(a)

(Cont) ② = I will call the primary physician ask for clarification and verbal order.

③ = For residents who wish to test his or her own bld glucose, I will ask the doctor's order for self administration order for bld glucose testing.

Order for

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87.

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p>FINDINGS Resident #1 - no schedule of activities.</p>	<p>Please note that this resident had been dis- charged and is no longer being in my ward since 6-28-15.</p> <p>See Attached</p>	<p>2-15-2016</p> <p>3-29-17</p>

(pg 3) - 11-100-1-16(b)

When I admitted new resident I'm going to talk with them about the schedule activities. I'm going to ask for their input on schedule of activities and make a written schedule on the day of admission.

I will review and update as needed after annual physical.

Antle Sg

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission; <u>FINDINGS</u> Resident #1 admitted on 06/01/15. No PCG assessment.	Please note that this resident had been discharged and was never living in my home since 6-28-15. Resident #1 - upon admission, I was not aware to do the PCG assessment for ARRH Type I. I did not have the required form at the time. I thought only the expanded ARRH would do a PCG assessment. I was given the required PCG assessment form on inspector day. Therefore, I will do a PCG assessment for newly admitted residents in the future.	2-15-2016

11-100-17a = I have to include in my checklist to completely, documented assessment of all residents upon admission.

4-10-2016

<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include: Entries describing treatments and services rendered; <u>FINDINGS</u> Resident #1 - no documentation in resident record for BID blood glucose testing.	Please note that the resident had been discharged and was never living in my home since 6-28-15. In the future I will notify the physician about the blood glucose testing and ask for advice if resident independently check her own.	2-15-2016
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11-100-17b = In the future I will include in my checklist shall recorded and documented that was provided as ordered and all entries describing treatment and services rendered.

4-10-2016

	RULES (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (e)</u> In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p>FINDINGS Emergency forms available for residents; however, all were incomplete as follows:</p> <ol style="list-style-type: none"> 1. Resident #1- no TB results, diet, advance directives 2. Resident #2- no diagnosis 3. Resident #3- no TB results, health insurance, no next of kin or case manager contact information 	<p>Res. #1 Please note that this resident had been discharged and no longer living in my home since 6-28-15. In the future when I will do the Emergency form, when I admitted the residents, I will answer only questions on the form. I will update the form when the residents change condition, new medications, new equipment as eye glasses or hearing aid.</p>	<p>2-15-2016</p> <p>3-29-17</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p>FINDINGS Resident #1 – Physician diet order dated 05/18/15 read, “1800 cal”; however, PCG lined out 1800 cal and added 1500 cal.</p>
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= I am very sorry to find out the 2-15-2016 1800 cal and added 1500 cal on my own when there should have been hard copy documentation provided by both physician + dietitian aside only by telephone conversation.

= Being proactive and proactively communicate to both physician + dietitian in order to provide hard copy documentation on any diet order before change accordingly.

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)B Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p>FINDINGS Exit walkway from living room reduced to 14" by placement of a large black barrel used to catch water drainage from roof.</p>	<p>= the placement of large black barrel used to catch water drainage from roof have been physically removed 6-17-15. I am aware that putting the large barrel of H2O would obstruct path and is not safe for all residents and unexpected emergency situations.</p>	<p>2-15-2016</p>

11-100 1-23g(3B)

= I have to include in my checklist to ensure that the access to area of refuge is clear, removed and not obstructed.

4-10-2016
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	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drills were not conducted at various times of day. All drills conducted between hours of 5:00 p.m. and 7:00 p.m.</p>	<p>- Fire drills were not conducted at various times of day due to the following reasons: not all residents are home at the same time of day during the week. For example, Res. #1 always got picked up by her sister to go outing whenever she wanted to. Res. #2 would go to day care on the weekdays and outings with direct service workers or family outings on the weekends. Only resident #3 is available to do drills at various times of the day. Unfortunately, the other two residents were not available to do drills due to time conflicts, only at the specified time allotted 5-6-7p.m.</p>	2-15-2016

11-100-1-23(3)(D)

I have to include in my check list to remind me to conduct fire drills at various time of the day.

☒	<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></p> <ol style="list-style-type: none"> 1. Bedroom #2 - Bracket missing from curtain rod. 2. Men's bathroom sink - water flow is sparse. 3. Living Room used for storage - three (3) plastic 	<p>#1. A new bracket was attached immediately to the curtain rod for more security and stability to prevent having the resident when the wind blows.</p> <p>#2 Bathroom sink water flow has been checked & adjusted.</p> <p>#3 - all items have been physically removed to not obstruct pathway.</p> <p>see attached</p>	<p>2-15-2016</p> <p>2-15-2016</p> <p>3-29-17</p>
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(cont)

11-100-1-23 (H)3

① B#2 - I have to include in my check list to remind myself that there is no bracket missing in the curtain.

②. I have to include in my checklist to remind myself that the men's bathroom sink water is flowing freely and running well.

③. I have to include in my checklist to remind myself that the living room is not used for storage.

16 Apr 11 08:17

Licensee's/Administrator's Signature: *Amelita Samaniego*

Print Name: AMELITA SAMANIEGO

Date: Feb. 15, 2016

Licensee's/Administrator's Signature: *Amelita Samaniego*

Print Name: AMELITA SAMANIEGO

Date: April 10 / 2016

Licensee's/Administrator's Signature: *Amelita Y. Samaniego*

Print Name: AMELITA Y. SAMANIEGO

Date: 3-29-17
