

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Billena, Mathilda (ARCH)	CHAPTER 100.1
Address: 94-1169 Limahana Street, Waipahu, Hawaii 96797	Inspection Date: November 4, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><b>FINDINGS</b> Primary Care Giver (PCG), completed three (3) hours of annual training sessions. Please submit documentation for three (3) additional hours of training with the plan of correction (POC).</p>	<p>I completed additional training - see attached In the future when I receive the sche from the organization come, select the dates &amp; write it in the calendar to complete six <sup>hours</sup> training</p>	<p>Nov 4/2015</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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><b>FINDINGS</b> Substitute Care Givers (SCG) #1, #2, and #3, no documentation of training by PCG to make medication available. <b>Please submit documentation with the POC.</b></p>	<p>I provide training for my substitute. See attached.</p> <p>In the future we can substitute <del>for</del> <sup>provide</sup> training before the start to work.</p>	<p>Oct 30/2016</p>
☒	<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><b>FINDINGS</b> "Food Services" policy reads in part, "Menus are posted in the dining room area for your review;" however, no menu posted in the dining room during the annual inspection.</p>	<p>I posted the menu in the resident dining room. In the future to prevent resident from perusing or refusing I'll put it in plastic.</p>	<p>Dec 15/2015</p>
☒	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b>FINDINGS</b> Resident #1, medication administration record (MAR) reads, PCG initials for medications made available from 03/13/15 to 03/17/15; however, PCG was on leave 03/13/15 to 03/17/15.</p>	<p>For the future teach the substitute to write in flowsheet whenever they give the medications write the initials &amp; put their legends.</p>	<p>Dec 2015</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b>FINDINGS</b> Resident #1, no physical examination and no report of annual re-evaluation for tuberculosis. Please submit documentation with the POC.</p>	<p>Res. #1 has physical see attached.</p> <p>In the future write reminder note to tell him that <del>the</del> <sup>you</sup> need PE + TB 9 year.</p>	<p>12/1/2015</p>
<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><b>FINDINGS</b> Resident #1, physician order dated, 12/01/14 reads, "Fluocinonide to right ear lobe rash, sparingly BID until rash resolves". However, no documentation of the resident's response to topical cream for rash in the progress notes.</p>	<p>In order to know the result of med's order have to write observation the date &amp; time the med's given &amp; how the resident responded</p>	<p>10/21/14</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</p>	<p>Write down the schedule to remember the date or &amp; put in the calendar for the 15 of 7 month.</p>	<p>10/21/2014</p>

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	<p>more often when requested by a physician, APRN or responsible agency;</p> <p><b>FINDINGS</b> For each resident, no weight listed in the monthly weight log for December 2014.</p>		
<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><b>FINDINGS</b> Resident #1, emergency form not maintained. No update since admission on 05/19/08.</p>	<p><i>update whenever get TB, / change medication</i></p>	<p><i>10/21/2016</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (f)(2)</u> 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><b>FINDINGS</b> Resident #1, no legend in MAR to explain meaning of initials recorded by care giver making medications available.</p>	<p><i>Review the records &amp; put in the legend for the future when prepared monthly flow sheet add the legend</i></p>	<p><i>10/21/16</i></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,</p>	<p><i>To put all records in secure container I bought some kind of bin to put inside the room. I showed her</i></p>	<p><i>Dec 2015 all records has been put in some plastic container phase 1 lock. 2015</i></p>

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	<p>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><b>FINDINGS</b> Facility records stored in two (2) open boxes during annual inspection. When asked to identify the secure storage area for facility records, licensee pointed to a file drawer; however, no locking system available for the file drawer indicated.</p>	<p><i>Records are stored now same hrs. as she looked w/ - just in a plastic bin in room - was lock now</i></p>	<p><i>12/15</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><b>FINDINGS</b> Exit pathway from the rear of the house to the place of refuge, obstructed by a garden hose, a car hood, and wooden planks.</p>	<p><i>It was removed &amp; clear already In the future observe daily, so nothing put there to obstruct the passageway.</i></p>	<p><i>12/15 10/21/16</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-23 <u>Physical environment.</u> (h) 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><b>FINDINGS</b> Bedroom #1, one hole (3" x 5") in the wall behind the door.</p>	<p><i>Hole - was patched already, whenever there's something to fix - fix it</i></p>	<p><i>12/11/2015</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1)</p>		

	Rules (Criteria)		
	<p>Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><b>FINDINGS</b> Kitchen garbage receptacle stored in cabinet; however, no tight fitting lid/cover.</p>	<p>Replaced the Garbage Receptacle, Used the garbage <sup>can</sup> <del>can</del> in <del>proper</del> argument by the Dept.</p> <p>Next time I covered it all the time. Just the cover was not quit that time</p>	<p>Nov 4/2015</p> <p>Nov 2015</p>

Licensee's/Administrator's Signature: MATHILDA

Print Name: MATHILDA BILHENA

Date: April 5/2016

Licensee's/Administrator's Signature: MATHILDA BILHENA

Print Name: MATHILDA BILHENA

Date: 10/31/2016