

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Esteban, Veronica (ARCH)	CHAPTER 100.1
Address: 1342 Kamehameha IV Road, Honolulu, Hawaii 96819	Inspection Date: January 21, 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>FINDINGS For primary care giver, three (3) training session hours documented. Please submit documentation for three (3) additional hours with your plan of correction (POC.)</p>	<p><i>Documentation for 3 additional hours of training is enclosed. Some training instructors forgot to put the hours.</i></p> <p>To prevent this from happening again:</p> <ol style="list-style-type: none"> 1) In the future, I will make sure, before leaving the seminar training that the certificate is signed, the credit hours is on the certificate; with the correct date and time. 2) File my certificate as soon as I get home and label the current year. 	<p><i>Jan 27, 2015</i></p> <p><i>S-31-16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS For Resident #1, readmitted on 03/22/14, the physician signed the level of care assessment two (2) days after admission.</p>	<p><i>Review check list for admission before taking new resident in the home.</i></p>	<p>2-15-16</p> <p><i>VE</i></p> <p><i>VE</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (h) Residents requiring emergency admission to an ARCH or expanded ARCH, due to removal from their current placement by the department or other state agency and who lack immediate access to a physician or emergency room, and who are unable to provide a report of tuberculosis clearance within one year of admission, may be admitted to the ARCH or expanded ARCH if the resident obtains a chest x-ray indicating freedom from communicable tuberculosis within twenty-four hours after admission. The resident shall obtain a tuberculin skin test within three days after admission, as per departmental procedure. The resident shall also submit to a physical examination within one week after admission unless he or she has done so within three months prior to admission.</p> <p>FINDINGS For Resident #1, no tuberculosis clearance.</p>	<p>I obtained the TB Clearance. I have found the loose paper TB Clearance in the older past year resident's folder. I securely attached it with the current PE Exam. Copy was given earlier to DOH.</p> <p>To prevent this from happening again. —</p> <p>I will file and secure the TB clearance in the current year folder and attached it with the current PE Exam.</p> <p>I made a checklist for the documents needed for admission and when I change the old heavy folders to a newer folder. In addition, I will make sure I get the documents of a new resident at least 1-2 days before the resident is going to be admitted and will not admit the resident unless I have everything.</p>	<p>2-15-16</p> <p>6-15-16</p> <p><i>VE</i></p> <p><i>VE</i></p>

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☒	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness. (b)</u> The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p>FINDINGS The digital thermometer –not working.</p>	<p><i>old thermometer has been replaced with a new one</i></p> <p>In the Future, I will test the thermometer on a quarterly basis. Additionally, I will add a monthly checklist on the first aid kit for missing or already used supplies.</p>	<p><i>1-27-15</i></p> <p><i>8-31-16</i></p>
☒	<p>§11-100.1-15 <u>Medications. (g)</u> All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS For Resident #1, medication orders were not re-evaluated and signed by a physician or APRN every four (4) months. i.e. 04/01/14 – 10/10/14 is a period of six (6) months.</p>	<p><i>Medication orders will be re-evaluated before 4 months so make appt with Doctor before its due to avoid it from happening again</i></p>	<p><i>6-15-16</i></p> <p><i>VE</i></p>
☒	<p>§11-100.1-15 <u>Medications. (l)</u> There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS "Clindamycin HCL 300 mg 1 cap QID use before 06/13/14" and "Vitamin C 500 mg use before 1/2010" unsecured.</p>	<p>Already discarded all the expired and discontinued medication on January 21, 2015.</p> <p>Future Plan: What will you do to Ensure that it doesn't happen again To prevent this from happening again: In the future, I will immediately discard all the expired or discontinued medication. I will make a checklist and highlight the expired date for each resident's PRN MEDS.</p>	<p><i>8-31-16</i></p>

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☒	<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>FINDINGS No incident report generated for unusual incidents: 1. Resident #1 was missing on 01/29/14, and 2. Resident #2 discharged to the hospital on 09/25/14.</p>	<p>Resident #1 resident report on Jan. 29, 2014 was still in the discharged yellow folder and now its properly secured and attached to his regular folder.</p> <p><i>Resident #2 discharged to the hospital was in another folder + its been placed in correct folder.</i></p>	6-15-16
		<p>To prevent this from happening again: In the Future, to prevent it recurring, I will write the incident report right away within the 24 hours and logged in the ARCH Binder Incident section. Additionally for any discharged resident's to the hospital; I will immediately write in the admission sheet within the 24 hours.</p>	8-31-16
☒	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p>FINDINGS No date for a resident signature to acknowledge that the "Policy and Resident's Rights" was received upon admission.</p>	<p>Due to many in and out admission. He did signed the policy and with an older date was on the first pages of his folder. <i>(older folder in 2014)</i></p> <p><i>I will ensure, I have made admission packets ready before admitting new residents in the card home with my checklist. And new resident date it.</i></p>	<p>9-15-16 6-15-16</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p>	<p>For resident #1 charges for services was on the first pages when he was first admitted.</p>	<p>1-27-15</p>
	<p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p>FINDINGS For Resident #1, no specific charges for services provided; i.e., a range of \$1,000- \$3,000 listed as the fee in the ARCH policy.</p>	<p><i>I will make sure on a checklist to update Resident's chart that the resident initial the specific charges from the old previous policy and</i></p>	<p>6-16-16 <i>update of again.</i></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>FINDINGS</p> <ol style="list-style-type: none"> 1. Bedroom #1 – Sliding closet door obstructed due to the overfilled closet and one (1) desk drawer nob missing. 2. Bedroom #2 – One (1) small refrigerator, unplugged and not in use, holding stale water and four (4) containers of spoiled pudding. 	<p>Bedroom 1, closet was cleared and emptied; so doors will open smoothly. Bedroom 2, small refrigerator has been cleaned out and sanitized.</p> <p>Bedroom 3, drawers was removed.</p> <p>Bathroom ceiling light fixed; replaced by new fixture light Bathroom #2 ceiling light fixed; Done by handyman (fixed)</p>	<p>1-27-15</p> <p>6-16-16</p>

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	3. Bedroom #3 – Two (2) dresser drawers “frozen” and one (1) drawer in the bedside stand, was missing. 4. Bathroom #1 – ceiling light not working and vanity light fixture missing one (1) of two (2) light bulbs. 5. Bathroom #2 – ceiling light not working, vanity light fixture missing one (1) of two (2) light bulbs and the towel bar was broken.	<i>I will have a checklist by the on my clip board, to ensure that all bedrooms and bathrooms are licensed by dept. are safe and ready for a new resident to use.</i>	<i>1/27/15</i>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> For licensed bedrooms occupied by residents:</p> <ol style="list-style-type: none"> 1. Bedroom #3 - discharged resident's commode and clothing remain in the licensed bedroom. 2. Bedroom #4 – Clothing left by discharged resident(s) stored in the dresser and closet. The closet door was difficult to open due to excess clothing and linens. 	<p>I cleared the room of all personal belongings; after calling the guardian Trustee on what to do with all his personal belongings. It was done February 1, 2015 after the inspection.</p> <p>Future Plan: What will you do to Ensure that it doesn't happen again To prevent this from happening again: In the future, I will make a checklist resident personal belongings after a resident has been discharged from the care home.</p>	<i>8-31-16</i>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>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;</p>		

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	<u>FINDINGS</u> No plastic pillow protectors.	Bedroom furnishing. Plastic mattress covers and pillow protector is on.	2-15-15
<input checked="" type="checkbox"/>	§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. <u>FINDINGS</u> 1. Signaling device not working in Bedroom #1. 2. No signaling devices in Bathroom #1 and #2.	Signaling device in bedroom 1 is provided Signaling devices are in both bathrooms. Already in placed. Bells are in placed. Already called electrician/handyman to <u>repair the signal devices.</u>	2-15-15

Licensee/Administrator's Signature: Veronica Esteban
 Print Name: Veronica Esteban
 Date: 6-24-15

Licensee/Administrator's Signature: Veronica Esteban
 Print Name: Veronica Esteban
 Date: 6-15-16

Licensee's/Administrator's Signature: Veronica Esteban
 Print Name: Veronica Esteban
 Date: 9-8-16