

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Barbara Cabanes (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 4562 Mimo Place, Eleele, Hawaii 96705	Inspection Date: March 3, 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.

STATE OF HAWAII
DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE ASSURANCE

17 MAY -4 10:45

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Documentation of training for substitute care givers #1, 2, 3 reflects training by RN case manager, not primary care giver.</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.</i></p> <p style="text-align: center;"><i>My substituted caregivers #1, 2, 3 are trained by me and Personal Care Skills training are of file.</i></p>	<p style="text-align: center;"><i>3/13/15</i></p> <p style="text-align: center;">RECEIVED MAY -4 10:45 STATE OF OHIO DEPARTMENT OF HEALTH</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-9(e)(4)	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>To avoid deficiencies in the form reviewing I need & should follow the Rules #11-100.1-9 (E)(H) I will make sure that all my substituted caregivers are trained by me to make prescribed medications, medication available to the residents and properly record such action. And make sure that I trained them to see if they can do the job, then write down on the Primary Caregiver & Substitute Caregivers form training form. That shows that they passed the training & show that they are trained by me (PCG) and let them sign the form, then I saw let them work with the client.</p> <p style="text-align: right;">Form enclosed.</p>	<p style="text-align: center;">6/30/15</p> <p style="text-align: right;">8/6/17</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><u>FINDINGS</u> Lysol, and Windex stored unsecured in under sink cabinet.</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, its done</i> <i>Put a locked under the sink cabinet and all toxic chemicals & cleaning agents was labeled & securely stored apart from any food supplies.</i></p>	<p style="text-align: center;"><i>3/31/17</i></p> <p style="text-align: center;">RECEIVED 17 MAY -4 110:45 DHH-OHCA LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #11-100.1-14(f)	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>My plan to avoid deficiencies, I should follow the Rule # 11-100.1-14(f) that put away toxic chemicals and cleaning agent like Windex, Ly sol, in a new secured place with locked not accessible to the residents. After use put it back locked it</i></p>	<p style="text-align: right;"><i>3/31/17</i></p> <p style="text-align: right;">RECEIVED MAY -4 AMO:45 DCH-CHCA LICENSE</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident #1 No two step TB clearance obtained prior to admission.</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.</i></p> <p style="text-align: center;"><i>Went to the clinic to take the 2 step residents #1. TB clearance on file was done on 5/15/15 4/04/16</i></p>	<p style="text-align: center;"><i>5/1/17</i></p> <p style="text-align: right;"><i>Kashi Medical Clinic</i></p> <p style="text-align: right;"><i>Dr. Thomas Williamson Dr. Steven Penner</i></p> <p style="text-align: right;">Steven Penner, MD</p> <p style="text-align: right;">Thomas Williamson, MD</p> <p style="text-align: center;">RECEIVED MAY -4 11:04:45 STATE OF ILLINOIS DEPARTMENT OF HEALTH</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-17(a)(4)	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 avoid a deficiencies in the future from recurring, I need and should follow the rule 11-100.1-17(a)(4)</i></p> <p><i>My plan will make sure the new see cdt. has prior to admission has the two step TB clearance obtained and available for my file. I will give the form, telling them that I can't admit the cdt. with out the 2 step TB clearance.</i></p>	<p style="text-align: right;">RECEIVED</p> <p style="text-align: right;">17 MAY -4 AMO:25</p> <p style="text-align: right;">5/17</p> <p style="text-align: right;">STATE OF OHIO DH+OHCA LICENSE</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Resident #1 No progress notes that reflect response to PRN Zaditor 0.025% eye drops made available 4/3/16 to 4/30/16, 5/1/16 to 5/31/16, 6/1/16 to 6/15/16, 6/17 to 6/18/16, 6/21/16 to 6/25/16, 6/29/16 to 6/30/16, 7/1/16 to 7/15/16, 7/18/16, 7/22/16, 7/24/16 to 7/26/16, 7/28/16 to 7/29/16, 7/31/16, 8/1/16 to 8/11/16, 8/14/16, 8/16/16, 8/18/16 to 8/20/16, 8/23/16 to 8/31/16, 9/1/16 to 9/31/16, 10/1/16 to 10/5/16, 10/9/16 to 10/15/16, 10/21/16 to 10/24/16, 11/1/16 to 11/8/16, 11/12/16 to 11/17/16, 11/22/16 to 11/23/16, 11/25/16 to 11/26/16, 12/1/16 to 12/9/16, 12/13/16 to 12/19/16, 12/24/16 to 12/29/16, 1/1/17 to 1/6/17, 1/9/17, 1/11/17 to 1/31/16, 2/1/17 to 2/6/17, 2/9/17 to 2/14/17, 2/18/17 to 2/20/17, 2/23/28 to 2/28/17.</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</i> <i>By charting in the progress note what I observe in the resident's response to the Zaditor PRN eye drops on this dates.</i></p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DH-08GA LICENSE</p>	<p style="text-align: center;">4/12/17</p> <p style="text-align: center;">17 MAY -4 10:45</p> <p style="text-align: center; font-size: large; font-weight: bold;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-17(b)(3)	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 avoid deficiencies in the future, I need need to follow the Rule # 11-100.1-17 (b)(3) and I will write in the progress note why prn medication was given reflecting any observation/response to the medication given and if not working, call the MD, And will have documentation completed immediately</i></p>	<p style="text-align: center; font-size: 2em;">4/17/17</p>

OFFICE OF THE CLERK

17 MAY -4 NO:45

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p>FINDINGS Resident #1 No notation of physician office visits 4/4/16, 8/12/16, 8/30/16, 12/27/16 and 1/13/17.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>yes, notation noted on the progress note.</i></p>	<p>3/31/17</p> <p>RECEIVED 17 MAY -4 AMO:45</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-17(b)(8)	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 avoid deficiencies, I need and should follow the Rule # 11.100.1-17. Records on a report (c)(2). My plan make sure to record visit / findings / instructions from MD that needs to be done, to the residents progress note immediately after MD's visit.</i></p>	<p style="text-align: right;"> RECEIVED 17 MAY -4 10:45 DEPT OF HEALTH SERVICES </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Resident #1 No incident report for emergency room visit on 4/13/16 for complaint of nausea/vomiting.</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 - Done</i> <i>Sent one copy to Case Management.</i></p>	<p style="text-align: center;"><i>5/1/17</i></p> <p style="text-align: right; vertical-align: bottom;"> RECEIVED MAY -4 AMO:45 11:41 AM MAY 4 2017 DEL 11:41 AM MAY 4 2017 DEL </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-17(c)	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>My future plan to avoid deficiencies, I should need and follow the Rules 11-100.1-17(c). I will inform the family, Case Manager (RN) & MD of any unusual incident right away, and I will record in detail of any unusual incidents & what medical care was administered to the residents. I will send one copy to the C.A. and keep one for PCG & shall be made available to the department and other authorized personnel. Make sure to make incident report within 24 hrs or the day the incident happened</i> </p> <p style="text-align: center;"><i>copy enclosed</i></p>	<p style="text-align: center;"><i>6/20/17</i></p> <p style="text-align: right;"><i>8/6/17</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><u>FINDINGS</u> Substitute care giver #3, 12 hours training completed 2/16; training cannot be counted for 2017 annual inspection (3/16-3/17).</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,</i></p> <p><i>Reminding her about her 12hrs training now its on file</i></p>	<p style="text-align: right;"><i>2/28/17</i></p>

DIVISION OF LICENSING
 DH-0HCA

17 MAY -4 AIO:46

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-83(5)	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 prevent similar deficiencies, I should follow 11-100.1-83(5) that all caregivers shall have documented evidence of successful in house completion of 12 hrs continuing education courses per year. My plan for ensuring that all staffs/substituted caregivers have their training documents, is to remind and give them notice in advance, like a month or more so that they have enough time to renew. To maintain this, is to have exclusive reminder book (Calendar) for all documents, clearances, and expiration dates. If they can't obtain their training, I don't let them work with the residents.</i></p>	<p style="text-align: center;">3/21/17</p>

STATE OF INDIANA
DH-0HCA LICENSING

17 MAY -4 AM 2:46

RECEIVED

Licensee's/Administrator's Signature: Barbara Cabanes

Print Name: Barbara Cabanes

Date: 5-3-17

RECEIVED
MAY -4 AIO:
STATE OF FLORIDA
DUI-DRUG LICENSE

Licensee's/Administrator's Signature: Barbara Cabanes

Print Name: BARBARA CABANES

Date: 8/7/17