

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ilar, Emelyn (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 1712 Keone Street, Hilo, Hawaii 96720	Inspection Date: August 22, 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) #3, hired June 2017, 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;">Substitute care giver #3 had an appointment for P.E. on September 11, 2017.</p>	<p style="text-align: center;">11/7/17</p>

	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) #3, hired June 2017, no physical examination.</p>	<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 will make a list of all my substitutes + the expiration date of their P.E. + TB test and be reminded, I will put my checklist against my medicine cabinet to remind me off + where I can see all the time. Two month before expiration remind to schedule their P.E. + TB test. Two weeks before expiration I will collect them P.E. + TB test + file it in my folder. If no complete 3 no they can't work in my care home.</p>	<p style="text-align: right;">12/5/17</p>

	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><u>FINDINGS</u> SCG#1, "negative" tuberculosis (TB) skin test did not list the date of administration or reading.</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 have found the record of the skin test w/ the date administered and the reading as well. On inspection date it was not available because I misplaced it.</p> <p>PPD on 7/21/17 Reading on 7/24/17</p>	<p style="text-align: center;">27 7/27/17</p>

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<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><u>FINDINGS</u> SCG#1, "negative" tuberculosis (TB) skin test did not list the date of administration or reading.</p>	<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>Before leaving the doctor's office I double check that the record is complete with the date when its administered and also the reading date.</p>	<p style="text-align: right;">11/7/17</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 #2, first aid certification expired January 8, 2017.</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;">First aid certification for SCG #2 was scheduled and done on Oct. 31, 2017</p>	<p style="text-align: center;">11/7/17</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 #2, first aid certification expired January 8, 2017.</p>	<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 will make a list of all my SCG's ^{First Aid expiration date} and put it against the medicine cabinet 12/5/17 And remind them to do their First Aid. Two month before expiration expiration date remind them to schedule their First Aid and two weeks before expiration should be submitted. upon receiving it I will file in my folder. if not submitted to be they can't start work yet till they submitted all their requirements.</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)(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> SCG #1, #2 and #3, no training provided by the primary care giver (PCG) to administer resident medications.</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;">Training for SCG #1, 2, + 3 was done on Oct. 10 /17 and other trainings required.</p>	<p style="text-align: center;">11/7/17</p>

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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> (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><u>FINDINGS</u> SCG #2, cardiopulmonary resuscitation (CPR) certification expired January 8, 2017.</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;">CPR class for SCG # 2 was scheduled on Oct. 31/17</p>	11/7/17

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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 #2, cardiopulmonary resuscitation (CPR) certification expired January 8, 2017.</p>	<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 will make a list of all my substitute the expiration date of their CPR + put it my medicine cabinet to remind me of. + I will remind them two months prior of their expiration date + two weeks to be submitted before they can start working ^{expiration date}. And upon receiving it I will file in my care home folder. if not complete can't work in my care home.</p>	<p style="text-align: center;">12/5/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1, the following medications prescribed on March 1, 2017 and renewed on July 27, 2017, not initialed as administered on the July 2017 medication record:</p> <ul style="list-style-type: none"> • "Simvastatin 20 mg QD" (07-16-17 – 07-31-17) • "Terazosin 2 mg QD" (07-01-17 – 07-31-17) • "Donepezil 10 mg QD" (07-01-17 – 07-31-17) 	<p>PART 1</p> <p>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"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1, the following medications prescribed on March 1, 2017 and renewed on July 27, 2017, not initialed as administered on the July 2017 medication record:</p> <ul style="list-style-type: none"> • "Simvastatin 20 mg QD" (07-16-17 – 07-31-17) • "Terazosin 2 mg QD" (07-01-17 – 07-31-17) • "Donepezil 10 mg QD" (07-01-17 – 07-31-17) 	<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>I put medication chart next to medication cabinet so that when I administer I initial it right away.</i></p>	<p style="text-align: right;"><i>10/7/17</i></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><u>FINDINGS</u> Resident #1, admitted on March 1, 2017, TB skin test administered as follows:</p> <ul style="list-style-type: none"> • 1st step given 2/7/17, read 2/9/17 • 2nd step given 2/13/17, read 2/15/17 <p>TB skin test did not follow Department of Health tuberculosis examination procedures.</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>The second steps to be done on Monday Oct. 23 /17</i></p>	<p style="text-align: center;"><i>11/7/17</i></p>

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☒	<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><u>FINDINGS</u> Resident #1, admitted on March 1, 2017, TB skin test administered as follows:</p> <ul style="list-style-type: none"> • 1st step given 2/7/17, read 2/9/17 • 2nd step given 2/13/17, read 2/15/17 <p>TB skin test did not follow Department of Health tuberculosis examination procedures.</p>	<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 have to follow the requirement that for two step skin test there's a seven days apart to do the 2nd step. Before admission I check my admission check list.</p>	<p style="text-align: center;">11/7/17</p>

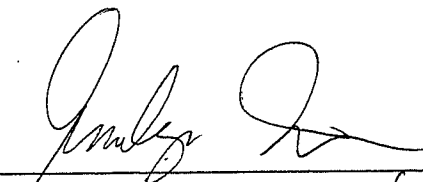
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #2, no weight recorded for the months of August – October 2016. This is a repeat deficiency from your 2016 annual inspection.</p>	<p style="text-align: center;">PART 1</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"/>	<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 more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #2, no weight recorded for the months of August – October 2016. This is a repeat deficiency from your 2016 annual inspection.</p>	<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>Mark on my calendar to remind me the date of each month highlighted when to take their weight. I'll put the calendar on the medicine cabinet wall so that its always visible to see</p>	<p style="text-align: right;">11/27/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident #2, discharged on November 5, 2016; however, discharge date was not listed on the permanent general register.</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><i>I recorded resident #2 as discharged on Nov. 5/16</i></p>	<p style="text-align: center;"><i>11/7/17</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident #2, discharged on November 5, 2016; however, discharge date was not listed on the permanent general register.</p>	<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 have to document right away whenever I discharge a resident on the permanent general register.</i></p>	<p style="text-align: right;"><i>11/7/17</i></p>

Licensee's/Administrator's Signature:



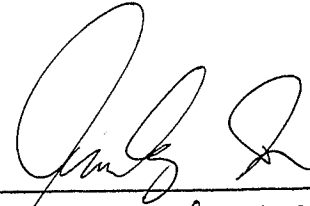
Print Name:

Emelya Ibar

Date:

11/2/17

Licensee's/Administrator's Signature:



Print Name:

Emelyn Iler

Date:

11/27/17

Licensee's/Administrator's Signature: Emily L
Print Name: Emily Llat
Date: 12/8/17