## Office of Health Care Assurance

## **State Licensing Section**

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

	CHAPTER 100.1
Facility's Name:	CHAPTER 100.1
Salvador, Catherine (ARCH/Expanded ARCH)	N whom 13, 2017
Address:	Inspection Date: November 13, 2017
2318 Awapuhi Street, Hilo, Hawaii 96720	

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
Type I stated i the resi residen Inform obtaine and she the res respon resider	ARCHs shall admit residents requiring care as n section 11-100.1-2. The level of care needed by ident shall be determined and documented by that it's physician or APRN prior to admission. attion as to each resident's level of care shall be ed prior to a resident's admission to a Type I ARCH all be made available for review by the department, ident, the resident's legal guardian, the resident's asible placement agency, and others authorized by the int to review it.  INGS  ent #1, re-admitted on August 14, 2017, level of care leted after admission, on August 16, 2017.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	PLAN OF CORRECTION	Completion Date	
RULES (CRITERIA)	PART 2		
\$11-100.1-10 Admission policies. (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.  FINDINGS  Resident #1, re-admitted on August 14, 2017, level of care completed after admission, on August 16, 2017.	EUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  In the future I will follow my admission checklist to make sure lavel of care obtain prior to admission.  If how guestion to antaly contact my murse ansulated a void deficiency.	1-2218	

	PLAN OF CORRECTION	Completion
 RULES (CRITERIA)	PLAN OF COM-	Date
RULES (CITALINA)	PART 1	
§11-100.1-17 Records and reports. (a)(1)	LWKI	
The licensee or primary care giver shall have a records for each resident. On admission, readmission, or records for each resident.		
records for each resident. On admission, records for each resident. On admission, records the transfer of a resident there shall be made available by the transfer of a resident there shall be made available by the transfer of a resident there shall be made available by the	•	
transfer of a resident there shall be made available licensee or primary care giver for the department's review:		
g sero giver's assessment of		
Documentation of primary care giver's assessment of		
resident upon admission;		
FINDINGS		
admitted on August 14, 2017, no admission	- at t	
Resident #1, re-admitted on regular assessment completed by the primary care giver.	Correcting the deficiency	
	Confecting	
	after-the-fact is not	*.
	practical/appropriate. For	
	practical/appropriate. For	
	process only o future	
·	this deficiency, only a future	
	-lan is required.	
` <del>-</del>	plan is required.	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (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	EUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  In the falure I will follow my admission checkness  for make sure Admission  Assessment complete upon admission/readmission of residents. If have  guestion to contact my  muse consultant to  question avoid deficiency	

	PLAN OF CORRECTION	Completion
RULES (CRITERIA)	TLAN OF CORRECTION	Date
§11-100.1-17 Records and reports. (b)(7) During residence, records shall include:	PART 1	
Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;		
FINDINGS Resident #2, December 2016, no monthly weight documented on resident monthly weight record.		
	Correcting the deficiency	
	after-the-fact is not practical/appropriate. For	
	this deficiency, only a future	
	plan is required.	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-17 Records and reports. (b)(7) During residence, records shall include:  Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;  FINDINGS  Resident #2, December 2016, no monthly weight documented on resident monthly weight record.	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Resichat was admitted Duc 2016  In the follower I will follow my admission chicklish made sure to document monthly height and weight as 80000 as possible. If Lane question to contact my muss consultant to avoid deficiency in the furture.	1-22-18

		PLAN OF CORRECTION	Completion Date
	RULES (CRITERIA)	PART 1	Duce
F	ire prevention protection.  Type I ARCHs shall be in compliance with, but not limited o, the following provisions:  Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-ollowing under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:  FINDINGS  Resident #1, re-admitted on August 14, 2017, self-preservation statement completed after admission, on August 16, 2017.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	PLAN OF CORRECTION	Completion
Each resident of a Type I nome independent of a monitoring and capable of	PLAN OF CORRECTION  PART 2  FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	Date /-22-/
preservation under emergency conditions, except maximum of two residents, not so certified, may reside in the Type I home provided that either:  FINDINGS Resident #1, re-admitted on August 14, 2017, self-preservation statement completed after admission, on August 16, 2017.	In the future I will follow only adomission check list on the sure to check list on the sure to obtain Self-Preservato Statement prior to ado If have question to contact only nurse cone in avoid desiciency	nssion.
	confact ony nurse cond to avoid deficiency of future.	in the

	PLAN OF CORRECTION	Completion Date
RULES (CRITERIA)		Date
	PART 1	
§11-100.1-84 Admission requirements. (b)(1) Upon admission of a resident, the expanded ARCH licensee shall have the following information:		
A current physician's report on the expanded ARCH resident's physical examination and diagnosis, including mental, functional, and behavioral status;		
FINDINGS Resident #1, re-admitted on August 14, 2017, physical exam completed after admission, on August 16, 2017.	Correcting the deficiency	
	after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	
	plan is required.	

\$11-100.1-84 Admission requirements. (b)(1) Upon admission of a resident, the expanded ARCH licensee shall have the following information:  A current physician's report on the expanded ARCH resident's physical examination and diagnosis, including mental functional, and behavioral status;  PART 2  FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT PLAN: WHAT WILL YOU DO TO ENSURE THAT PLAN: WHAT WILL YOU DO TO ENSURE THAT	Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)	
chickist make sure  chickist make sure  A obtain Physical  Examination prior to  Examination prior to  admission. If have  admission to contact my  question to contact my  nurse consultant to  nurse consultant to  avoid deficiency in the  forture.	RE AT /-22-13	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  In the future I will follow my admission chickinst make sure	§11-100.1-84 Admission requirements. (b)(1) Upon admission of a resident, the expanded ARCH licensee shall have the following information:  A current physician's report on the expanded ARCH resident's physical examination and diagnosis, including mental, functional, and behavioral status;  FINDINGS  Resident #1, re-admitted on August 14, 2017, physical exam completed after admission, on August 16, 2017.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-84 Admission requirements. (b)(2) Upon admission of a resident, the expanded ARCH licensee shall have the following information:  Orders for diet, medication, specialized care, or activities signed by the physician;  FINDINGS  Resident #1, re-admitted on August 14, 2017, no admission medication orders for the following medications listed on the August 2017 medication record:  • "Mupirocin oint 2% top, bid, prn for wounds" • "Xylimelts, 1 disc, po, qd bedtime" • "Flonase 50 mcg, 1 spray each nostril qd evening"	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Date

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-84 Admission requirements. (b)(2) Upon admission of a resident, the expanded ARCH licensee shall have the following information:  Orders for diet, medication, specialized care, or activities signed by the physician;  FINDINGS Resident #1, re-admitted on August 14, 2017, no admission medication orders for the following medications listed on the August 2017 medication record:  • "Mupirocin oint 2% top, bid, prn for wounds"  • "Yvlimelts, 1 disc, po, qd bedtime"	PART 2  FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  In the future I will follow my admission checkest to make suche	
• "Flonase 50 mcg, 1 spray each nostril qd evening"	checkhot to make some orders for medications on readonission from the hospital will be reviewed with the primary physician to ensure accuracy of	
	en sure accuracy of Orders. If have question to contret my muse Consultant to avoid Leficiercy in the fedore	

Licensee's/Administrator's Signature:	Ost Dr	
Print Name:	Catherine	Salvador
Date:	1-22-18	