

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Anastacio, Faye (ARCH)	CHAPTER 100.1
Address: 45-507 Kahili Street, Honokaa, Hawaii 96727	Inspection Date: September 8, 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) #1, no physical examination.</p>	<p><u>CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SUBSTITUTE CAREGIVERS PHYSICAL COMPLETED ON 9/15/17</p>	<p>9/15/17</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) #1, 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>A NOTE WILL BE WRITTEN ON A CALENDER 3 MONTHS PRIOR TO PHYSICAL EXPIRATION DATE SHALL BE WRITTEN TO REMIND MYSELF TO HAVE SUBSTITUTE CAREGIVER OBTAIN A PHYSICAL TO AVOID SIMILAR FROM OCCURING</p>	<p style="text-align: right;">9/15/17.</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, no tuberculosis (TB) clearance.</p>	<p><u>CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PPD OBTAINED ON 9/15/17 READ ON 9/18/17</p>	<p>9/18/17</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, no tuberculosis (TB) clearance.</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>PPD OBTAINED ON 9/15/17. READ ON 9/18/17. A NOTE SHALL BE WRITTEN ON A CALENDER 3 MONTHS PRIOR TO MY PPD EXPIRING TO REMIND MYSELF TO HAVE SUBSITUTE (CAREGIVER) OBTAIN A CURRENT PPD</p>	<p>9/18/17.</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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>FINDINGS Resident #1, physician order dated June 15, 2017 read, "Acetaminophen 325 mg tab take 2 tab po every 4 hrs as needed for pain or fever." However, PRN medication was not listed as available to resident on July – September 2017 monthly medication records.</p>	<p><u>CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>MAR FOR PRN ACETAMINOPHEN COMPLETED IN PATIENTS CHART / FOLDER</p>	<p>9/29/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Resident #1, physician order dated June 15, 2017 read, "Acetaminophen 325 mg tab take 2 tab po every 4 hrs as needed for pain or fever." However, PRN medication was not listed as available to resident on July – September 2017 monthly medication records.</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 HAVE MY SUBSTITUTE CAREGIVER DOUBLE CHECK THAT ALL MEDICATIONS INCLUDING PRN MEDS ARE LISTED ON THE MAR.</p>	<p>9/09/17</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, all "8am" medications not initialed as administered on September 8, 2017.</p>	<p><u>CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>MEDICATIONS INITIALED AS GIVEN MISSED INITIALING MAR DUE TO INSPECTION.</p>	<p>9/8/17</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, all "8am" medications not initialed as administered on September 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 DOUBLE CHECK ON A DAILY BASIS TO ENSURE THAT THE MED HAS BEEN INITIALED + THAT ALL MEDS ARE ADMINISTERED UNLESS REFUSED I SHALL INDICATE "REFUSED".</p>	<p>9/8/17</p>

Licensee's/Administrator's Signature: Faye Anastacio

Print Name: FAYE ANASTACIO

Date: 10-29-17