

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hipol, Margarita (ARCH)	CHAPTER 100.1
Address: 3583 Kalihi Street, Honolulu, Hawaii 96819	Inspection Date: February 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.

RECEIVED

FEB 14 2017

Initial: _____

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 Primary care giver qualifications. (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><u>FINDINGS</u> Primary care giver (PCG) #1 has four (4) of six (6) hours of continuing education units. Please submit two (2) additional hours of education units with your plan of correction. These hours will count towards your 2017 annual inspection and not your 2018 inspection.</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 (primary care giver) attended and completed a four (4) hours of inservice in OSHA, Infection Control, HIPAA, and Managing and Understanding Stroke training.</p>	<p style="text-align: center;">03.30.2017</p> <p style="text-align: right;">17 APR 18 12:19 K... ..</p>

<input checked="" type="checkbox"/>	<p>RULE #11-100.1-8(a)(10)</p>	<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 style="text-align: center;">Moving forward, I will make sure to attend and complete my minimum of six (6) hours of continuing education per year before my annual inspection date. I added to my calendar to remind me.</p>	<p style="text-align: center;">03.30.2017</p> <p style="text-align: right;">17 APR 13 P2:19</p>
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<input checked="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>FINDINGS No annual tuberculosis test of evidence of chest x-ray for Family Member #1.</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;">Family Member #1 tuberculosis test document has been signed by their Pediatrician as required evidence.</p>	<p style="text-align: center;">02.18.2017</p> <p style="text-align: center;">APR 13 10:11 AM '17</p> <p style="text-align: center;">97 APR 13 P2:19</p> <p style="text-align: center;">MCS 010 000</p>
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<input checked="" type="checkbox"/>	RULE #11-100.1-9(b)	<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>In the future, I will make sure to do a monthly check of all house hold members and residents are current with their tuberculosis clearance. During appointments, I will check documents given to make sure that signature from doctor and/or RN are present for evidence before leaving the office.</p> <p>I created an ARCH annual check list and added a column for tuberculosis clearance to remind me which residents are due before ARCH inspection. I also added to my computer calendar to remind me a month prior their due dates.</p>	<p style="text-align: center;">02.18.17</p>
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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) 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><u>FINDINGS</u> Resident #1 no physician order/review for the following medications.</p> <ul style="list-style-type: none"> -Albuterol 90mcg -Aspirin 81mg -Paliperidone 117mg (since 5/31/16) -Atorvastatin Calcium 40mg (since 4/19/16) -Metformin 500mg (since 4/19/16) 	<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;">Resident #1 has been seen/evaluated by his physician on 03.30.17, and reported no change has been made to his medication list. Physician signed current medication list and document has been filed.</p>	<p style="text-align: center;">03.30.2017</p> <p style="text-align: right;">17 APR 18 PM 2:19</p>
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RULE #11-100.1-15(g)

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 make sure all residents and medication orders are reevaluated and signed by their doctor as required and not to exceed one year. During appointments, I will double check documents given to make sure that doctors signature is present for evidence before leaving the office and make necessary changes to resident's personal binder and MAR as soon as arriving home.

On a monthly basis, my sub and I will review their personal binder to ensure all documents are current, accurate and readily available for review by the department or responsible agency.

Add this to my ARCH check list and computer calendar to remind me.

03.30.17

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 medication container contains expired artificial tears and non-physician ordered medication, Zinc Oxide ointment.</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;">Resident #1 medication container contained expired and non-physician ordered medications has been removed and only physician signed orders is in the container.</p>	<p style="text-align: center;">02.08.2017</p> <p style="text-align: center;">9 7 OF 11/2011 APR 18 P2:19</p>
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<input checked="" type="checkbox"/>	RULE #11-100.1-15(1)	<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 will review all resident's medication container regularly and after a doctor's visit to ensure all medication is current and has a doctor signed orders. All expired and/or discontinued medications will be removed as soon as possible and properly disposed by law.</p> <p>I will also have my sub audit the resident's medication container to ensure doctor's orders are accurately in place and readily available for review by the department or responsible agency.</p>	<p style="text-align: center;">02.08.17</p> <p style="text-align: center;">RECEIVED</p>
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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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 current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 clothing inventory not updated since 2015. No valuables inventory.</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>Resident #1 clothing and valuables inventory has been carefully updated and filed in binder.</p>	<p>02.19.2017</p> <p style="text-align: right;"> <small>APR 18 12:19</small> <small>5 OF 11 PAGES</small> </p>
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<input checked="" type="checkbox"/>	RULE #11-100.1-17(a)(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>Moving forward, I will make sure to have an initial and an ongoing inventory of money and valuables for each resident and keep a current document filed in their personal binder.</p> <p>I will do a monthly check of their binder to ensure all are complete, accurate, current and readily available for review by the department or responsible agency.</p> <p>I added to my computer calendar to remind me of the monthly audit.</p>	<p style="text-align: center;">02.19.17</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">FEB 14 2018</p> <p style="text-align: center;">Initial: _____</p>
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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 emergency sheets missing the following physician prescribed medications</p> <ul style="list-style-type: none"> -Atorvastatin Calcium 40mg - Metformin 500mg 	<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>Resident #1 emergency sheet has been updated with current medication list signed by their physician, including Atrovastatin Calcium 40mg, and Metformin 500mg that was previously not on the sheet. Document filed.</p>	<p>02.08.2017</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);"> 8 OF 11 PAGES APR 18 2:19 PM 17 </p>
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RULE #11-100.1-17(f)(4)

PART 2

FUTURE PLAN

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In the future, I will make sure to update resident's identifying/emergency information form, MAR and all necessary documents as changes occur by their doctor's orders and/or care plan.

I will do a monthly check of their binder to ensure all are complete, accurate, current and readily available for review by the department or responsible agency.

I also added reminders to my computer calendar of the monthly audit.

02.08.17

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<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><u>FINDINGS</u> Paint and plaster peeling on wall by front door.</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>Noncompliance wall by the main entrance (front) door has been re-plastered and painted to prevent environment hazards to all residents and family members.</p>	<p>02.12.2017</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);"> STATE OF HAWAII DEPARTMENT OF HEALTH APR 18 2017 12:19 PM </p>
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<input checked="" type="checkbox"/>	<p>RULE #11-100.1-23(h)(3)</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Moving forward, I will make sure to maintain the entire premises in a safe and comfortable environment as required by the state laws for all residents and family members. I have added to my calendar as a reminder to inspect premises on March, June, September, December and February (which is my inspection month).</p>	<p align="center">02.12.2017</p> <p align="center">ST. JOHN'S OF HAWAII DEPT. OF SOCIAL SERVICES</p> <p align="center">APR 18 P2:19</p>
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Licensee's/Administrator's Signature: Margarita G. Hipl

Print Name: MARGARITA G. HIPL

Date: 04-10-17

STATE OF HAWAII
DEPARTMENT OF LICENSING
97 APR 18 P2:19

Licensee's/Administrator's Signature: Margarita G. Hipl

Print Name: MARGARITA G. HIPL

Date: FEB. 8, 2018