

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Padron, Martina (ARCH)	CHAPTER 100.1
Address: 67-361 Farrington Highway, Waialua, Hawaii 96791	Inspection Date: March 14, 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.

DH-COISA LICENSING

MAR 14 2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 - No level of care prior to readmission 2/11/17.</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>Obtained LOC from PCP</i></p>	<p style="text-align: center;"><i>3/31/17</i></p>

DURHAM COUNTY LICENSING

2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-10 (a)	<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 go through checklist of admission / re-admission requirements. for a resident before admitting to the facility</i> </p>	<p style="text-align: right;"> <i>3/31/17</i> </p> <p style="text-align: right; font-size: small;"> DIVISION OF LICENSING </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1 - Diet order: "Soft diet thin liquids" on 2/23/17 did not include the type of diet.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>obtained a PRS. order of Regular diet - (ground meat - soft - cooked / moist foods)</i></p>	<p style="text-align: center;"><i>3/31/17</i></p> <p style="text-align: center;">DIH-CHIA LICENSING 07</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-13 (i)	<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>If the diet order from the MD is unclear or a special diet order - I will ask advise from the hospital dietitian if available or consult DOH - Nutritionist. for further explanation of the ordered diet. Also ask the MD or APRN to specify diet order - including the type + texture - and have it signed.</i> </p>	<p style="text-align: center;">7-8-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 - No admission assessment upon readmission 2/11/17.</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>Readmission assessment completed</i></p>	<p style="text-align: center;"><i>3/31/17</i></p> <p style="text-align: right; font-size: small;">DEPT. OF LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (a)(1)	<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>Will go through admission/ readmission checklist requirements before admitting a resident to the facility</i> </p>	<p style="text-align: center;"> <i>3/31/17</i> </p> <p style="text-align: right; font-size: small;"> DEPT-000A L10LANS11 07 </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>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-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #1 - No self-preservation certification at the time of readmission 2/11/17.</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>Obtained self-preservation certificate from PCP</i></p>	<p style="text-align: center;"><i>3/31/17</i></p> <p style="text-align: right; font-size: small;">DORIS A. LUCAS</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-23 (g)(3)(I)	<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 go thru the checklist for admission / readmission requirements for a client before admitting back to the facility</i> </p>	<p style="text-align: right;"> <i>3/31/17</i> </p> <p style="text-align: right; font-size: small;"> 8078 01 </p>

Licensee's/Administrator's Signature: Martina Padron

Print Name: MARTINA F. PADRON

Date: 4-3-17

Licensee's/Administrator's Signature: Martina Padron

Print Name: MARTINA PADRON

Date: 07-08-17