Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Baptista, Myrna (ARCH)	**CHAPTER 100.1**
Address: **28-2845 Makahana Street, Peepekeo, Hawaii 96783**	**Inspection Date: January 23, 2018**

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
☒	§11-100.1-9. Personnel, staffing and family requirements. (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. **FINDINGS** Substitute care giver (SCG) #1, no current tuberculosis (TB) skin test. (Last done 12-21-16)	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG reminded SCG to provide updated TB clearance that was to expire 12/21/17 to be exact. SCG did not update as of per request on time. As a result, PCG made an appt. to SCG's primary care physician and PCG personally paid for skin test. Date given: 01-30-18 Date Read: 1-2-18 Results: ~~-0~~	3-7-18

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☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Substitute care giver (SCG) #1, no current tuberculosis (TB) skin test. (Last done 12-21-16)	**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~~ take this matter into serious consideration that if SCG cannot provide necessary documents to be updated, then I will just eliminate them and find others who are more reliable & dependable. At present, there's sufficient substitute care giver.	3-7-18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** SCG #2, no first aid certification.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Contacted Substitute Care giver to provide a copy of current first aid certification. Basic first Aid Certification copy obtained completion date: 5-11-17 Exp. 5-11-19	(1-24-2018) copy obtained 3-7-18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** SCG #2, no first aid certification.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** That I will make a copy of current first aid certification on hand filed and documented prior to becoming a substitute care giver.	1-24-2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** SCG #2, no cardiopulmonary resuscitation (CPR) certification.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Contacted Substitute care giver to provide a copy of current CPR certification obtained a copy CPR, AED, Basic First Aid Cert. card completion date: 5-11-17 Exp. 5-11-19	1-24-2018 (copy obtained) 3-7-18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** SCG #2, no cardiopulmonary resuscitation (CPR) certification.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** That I will make a copy of current CPR certification and make sure it is updated made available before becoming a substitute care giver.	1-24-2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1, admitted on July 17, 2017, no medication reevaluation.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Contacted doctor's offic to request a copy of current medication lists ordered by a physician and signed.	1-25-2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1, admitted on July 17, 2017, no medication reevaluation.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** That I will carefully review all necessary documents made before admissions to ensure it will meet rules and regulations for care home placements. I will also call the doctor's office for telephone orders of current medications, document and date on the physician's record sheet. All orders will be signed by the physician at time of resident's next appointment.	1-25-2018

	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 resident upon admission; **FINDINGS** Resident #1, admitted on July 17, 2017, no admission assessment completed by the primary care giver.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	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 resident upon admission; **FINDINGS** Resident #1, admitted on July 17, 2017, no admission assessment completed by the primary care giver.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** That I will refer and use my checklists to complete admissions. I will also ask substitute caregivers to help.	1-26-2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(6) 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: Physician or APRN signed orders for diet, medications, and treatments; **FINDINGS** Resident #1, admitted on July 17, 2017, no signed medication orders for the following medications listed on the July 2017 – January 2018 medication records: • "Lisinopril 10 mg take 1 tab daily" • "Metformin HCL 500 mg take 1 tab daily" • "Hydrochlorothiazide 25 mg take ½ tab daily" • "Simbastatin (sic)10 mg take 1 tab at bedtime"	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Contacted Dr.'s office and requested a copy of current medication lists signed by physician or APRN Obtained a copy of current list of medications orders signed by a physician on 1-25-18 I Compared current orders with my current medication ~~orders~~ record made sure & shared with ~~healthcare~~ primary care providers ~~office~~ or 1-25-18 By Doctor Macario Rivera VA-Hhs office.	1-25-2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(6) 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: Physician or APRN signed orders for diet, medications, and treatments; **FINDINGS** Resident #1, admitted on July 17, 2017, no signed medication orders for the following medications listed on the July 2017 – January 2018 medication records: • "Lisinopril 10 mg take 1 tab daily" • "Metformin HCL 500 mg take 1 tab daily" • "Hydrochlorothiazide 25 mg take ½ tab daily" • "Simbastatin (sic)10 mg take 1 tab at 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?** That I will be more careful how physicians writes medications name and orders at time of residents visit to ensure it will meet rules and regulations for my care home. To review medications and orders at the time of visit so that there's more time to correct it.	1-25-2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. **FINDINGS** Resident #1, admitted on July 17, 2017, no financial statement.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Filed the form with the resident - choose to manage own allowance signed and dated	1-26-2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. **FINDINGS** Resident #1, admitted on July 17, 2017, no financial statement.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** That I will refer to checklists for new admissions in order to complete documentations. I will also ask my substitute care givers to help.	1-26-2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(G) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system; **FINDINGS** No monthly smoke detector checks for May, July, August, October and November 2017.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-23 Physical environment. (g)(3)(G) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system; **FINDINGS** No monthly smoke detector checks for May, July, August, October and November 2017.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I mark my calendar to test the monthly smoke detector every first of the month. I will also ask my substitute care givers for reminder.	1-31-2018

Licensee's/Administrator's Signature: Myrna Baptista

Print Name: Myrna Baptista

Date: February 1, 2018

Licensee's/Administrator's Signature: Myrna Baptista

Print Name: MYRNA BAPTISTA

Date: 3-7-18