

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Reyes, Cesaria (ARCH)	CHAPTER 100.1
Address: 2602 Nihi Street, Honolulu, Hawaii 96819	Inspection Date: July 27, 2016 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.

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16 NOV 23 13:01
HAWAIIAN LICENSING

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (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 completed two (2) hours of continuing education. Submit four (4) additional continuing education hours with your plan of correction (POC). These additional hours cannot be used for your 2017 inspection year.</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;">PCG HAS COMPLETED A REQUIRED 4 HOURS OF TRAINING ON 07-21-16 "COPY ATTACHED"</p>	<p style="text-align: center;">08-01-16</p> <p style="text-align: right; font-size: small;">16 NOV 23 13:01</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-8(a)(10)	<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 WE WILL HAVE A CALENDAR POSTED WHEN TRAINING IS DUE, AND THERE WILL BE A REMINDER ON THE CALENDAR A MONTH BEFORE IT IS DUE AND REMINDER BY THE (SCG) WHEN IT IS DUE</p>	<p style="text-align: center;">08-01-16</p> <p style="text-align: right;">16 NOV 23 P3:01</p> <p style="text-align: right;">FILED</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>FINDINGS Family Member #1 no current physical examination (PE) on file. Provide a copy of a current PE with your POC.</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;">(FM) #1 HAS COMPLETED HIS PHYSICAL ON 05-08-16 - COPIES ATTACHED</p>	<p style="text-align: center;">08-01-16</p> <p style="text-align: right; font-size: small;">16 NOV 23 13:01 FACILITY</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-9(a)	<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 WE WILL HAVE A CALENDAR POSTED WHEN PHYSICAL IS DUE, AND A REMINDER A MONTH BEFORE IT IS DUE BY THE (PCG) AND (SOG)</p>	<p style="text-align: center;">08-01-16</p> <p style="text-align: center;">16 NOV 23 03:01</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 no current orders for multiple vitamins in record.</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>RESIDENT #1 (KK) MULTI VITAMIN HAS BEEN RECORDED AND ORDERS WERE CLARIFIED WITH PHYSICIAN ON 8-01-16</p>	<p>8-01-16</p> <p style="text-align: right;">16 NOV 21 03:01</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-15(e)	<p style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> 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 WE WILL DOUBLE CHECK WITH PHYSICIAN ON ANY CHANGES FOR RESIDENT #1 [REDACTED] AND MAKE SURE <u>ANY</u> CHANGES ARE RECORDED BEFORE LEAVING PHYSICIANS OFFICE </p>	<p style="text-align: right;"> 08-01-16 16 NOV 23 13:02 [REDACTED] </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 physician orders dated 2/22/16 reads, "Colace 100mg BID." Medication not on medication administration record (MAR).</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;">WE HAVE CLARIFIED WITH PHYSICIAN ON 07/29/16 FOR RESIDENT #1 AND HAVE CORRECTED THE (MAR) ISSUE</p>	<p style="text-align: right;">16 NOV 22 13:02</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-15(m)	<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;">IN THE FUTURE, DURING AND AFTER EACH VISIT THE (MAR) WILL BE OVERLOOKED AND CHECKED BY THE (PCG) AND (SCG)</p>	<p style="text-align: center;">08-01-16</p> <p style="text-align: right; font-size: small;">16 NOV 23 13:02</p> <p style="text-align: right; font-size: x-small;">LAWRENCE L. LUCAS</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u> Resident #1 no medications listed on the emergency data form.</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;">WE HAVE COMPLETED LOGGING IN THE MEDICATIONS ON THE EMERGENCY DATA FORM FOR RESIDENT #1 ON 08-01-16</p>	<p style="text-align: center;">08-01-16</p> <p style="text-align: center;">16 NOV 03 13:02</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-17(e)	<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 WE WILL LOG ANY MEDICATION AND OR CHANGES TO EMERGENCY DATA SHEET AND WILL BE OVER LOOKED BY BOTH THE (PCG) AND (SCG) AND WILL HAVE A REMINDER NOTE ON THE LOG TO WRITE ANY CHANGES DOWN</p>	<p style="text-align: right;">08-01-14</p> <p style="text-align: right;">16 NOV 29 13:02</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p>FINDINGS Resident #1 possessions record not updated yearly last update 2011.</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 POSSESSIONS RECORD HAS BEEN UPDATED ON 07-29-16</p>	<p>08-01-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-19(d)	<p style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> 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 WE WILL UPDATE ANY CHANGES TO POSSESSIONS RECORD YEARLY AND OVERLOOKED BY BOTH THE (PCG) AND (SCG) AND A REMINDER WILL BE POSTED ON A POSTED CALENDAR </p> <p style="text-align: right; font-size: small;"> L. JON LIBERATO </p>	<p style="text-align: center;"> 08-01-16 </p> <p style="text-align: center; font-size: small;"> 16 NOV 01 13:02 </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> All fire drills conducted at 8:00 am on the first day of the month. Not conducted at various times and dates.</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;">FIRE DRILL AND FIRE DRILL LOG WAS CORRECTED ON 07-29-16 AND UPDATED</p>	<p style="text-align: center;">08-01-16</p> <p style="text-align: center;">16 NOV 23 13:02</p> <p style="text-align: center;">FIRE INSPECTOR</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-23(g)(3)D)	<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, Fire drills will be conducted EVERY 3 months (QUARTERLY) on a different day of the fire drill month and at different times of the fire drill month of the fire drill months</p>	<p style="text-align: center;">09-01-16</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Resident Bedroom #1 being used for storage not ready for resident. PCG refused inspector to enter locked room.</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;">ROOM #1 HAS BEEN CLEANED OUT AND IS AVAILABLE FOR A RESIDENT/PATIENT ON 08-01-10</p> <p style="text-align: right; vertical-align: bottom;">LUCINDA LICENZI</p>	<p style="text-align: center;">08-01-10</p> <p style="text-align: center; vertical-align: bottom;">16 NOV 24 10:02</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-23(o)(1)(D)	<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 WE WILL HAVE ALL RESIDENTS ROOM READY FOR INSPECTION WHEN INSPECTION IS DUE AND WILL NOT DENY ANY INSPECTOR ENTRANCE TO ANY OF THE RESIDENTS ROOMS</p>	<p style="text-align: right;">08-01-16</p> <p style="text-align: right;">16 NOV 21 13:02</p>

Licensee's/Administrator's Signature: *Daniel LaLorin*
Print Name: Daniel LaLorin
Date: 9-01-16

Licensee's/Administrator's Signature: *Daniel LaLorin*
Print Name: Daniel LaLorin
Date: 08-01-16

08/01/16 13:02