

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aguinaldo, Evangeline (ARCH)	CHAPTER 100.1
Address: 3787 Mamaki Street, Koloa, Hawaii 96756	Inspection Date: February 13, 2015

	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><b>FINDINGS</b> Primary care giver's (PCG) mother resides in ARCH, no physical exam.  Substitute care giver (SCG) #1 No annual physical exam.</p>	<p>My mother was visiting from the Philippines during the inspection. While on vacation, she does not reside at the ARCH. If she plans to visit again and will be staying at my residence, I'll have her complete a physical exam prior to her stay.</p> <p>Physical exams are completed. To prevent this in the future, I will make a list of all Physical exam expiration dates and schedule</p>	<p>04/02/15</p>
<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>and/or remind those who are due 1 month prior to expiration date. I will review list monthly to ensure Physical exams are current.</p>	<p>18 AUG 16 AUG 16</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> PCG's mother resides in ARCH, no TB clearance.</p>	<p>My mother does not reside at the ARCH. A TB clearance will be done if she plans on residing at my residence prior to her moving in.</p>	<p>04/20/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b>FINDINGS</b> SCG #2 No documentation of first aid training.</p>	<p>First aid certification completed. To prevent this in the future, I will make a list of First aid certification expiration dates and remind those who are due 1 month prior <sup>to</sup> expiration date. I will review list monthly to ensure First aid certifications current.</p>	<p>08/06/18</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b>FINDINGS</b> No documentation of training for substitute care givers to make medication available to residents.</p>	<p>SCG#1 &amp; SCG #2 medication training complete. Documentation recorded and copy attached. I will complete and document medication training if any additional SCG is designated.</p>	<p>04/20/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p>	<p>CPR certification completed. To prevent this in the future, I will make a list of CPR certification expiration dates and remind those who are due 1 month prior to expiration date. I will review list monthly to ensure CPR certificates are current.</p>	<p>08/06/18 AUG - 9 AIO : 16</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
	<b>FINDINGS</b> SCG #2 No documentation of current CPR training.	See pg. 2	08/06/14
<input checked="" type="checkbox"/>	§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.  <b>FINDINGS</b> No menu posted in resident dining area.	A menu is posted in the dining area. After a menu is complete, I will post it in the resident's dining area where it will be posted for residents to view. A current menu shall be posted in dining area at all times.	04/20/15
<input checked="" type="checkbox"/>	§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.  <b>FINDINGS</b> Metal stem thermometer only measures hot.	A metal stem thermometer that measures hot and cold was purchased. It will be readily available to check hot and cold food temperatures.	04/20/15
<input checked="" type="checkbox"/>	§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.  <b>FINDINGS</b> Paint unsecured in laundry area.	The paint was removed and placed in a secured cabinet. All toxic chemicals and cleaning supplies will be stored immediately after use in a secure cabinet.	04/20/15
<input checked="" type="checkbox"/>	§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:  Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all		18 AUG -9 AM :16 STATE OF HAWAII DHR-ORCA STATE LICENSING

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	Rules (Criteria)	Plan of Correction	Completion Date
	<p>action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b>FINDINGS</b> No progress note reflecting response to PRN medication "Artificial Tears One drop OU BID PRN".</p>	<p>A progress note will be written to include response to PRN medications after it is given to patient.</p>	<p>08/06/18</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><b>FINDINGS</b> Resident #1 No plastic pillow protector.</p>	<p>A plastic pillow protector was placed on resident #1's pillow. I will check after each bedding is changed to make sure all bedroom furnishings are appropriate and in place.</p>	<p>04/27/15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b>FINDINGS</b> No signaling device in resident bathroom.</p>	<p>A signaling device was purchased and installed in residents bathroom. I will check signaling device every 1<sup>st</sup> of the month to ensure device is properly working.</p>	<p>08/06/18</p>

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Licensee/Administrator's Signature: Evangeline Aguineldo

Print Name: Evangeline Aguineldo

Date: 05/06/18

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