

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Bala, Leticia (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 1617 Machado Street, Honolulu, Hawaii 96819	Inspection Date: March 22, 2018 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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'18 MAY -2 P4:09

STATE OF HAWAII
DOH-0HCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> SCG #2 – No annual tuberculosis clearance.</p> <p>SCG #2 received ^{skin} the TB test on 4/30/18. It was read on 5/2/18 with a negative result.</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>06-05-18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> SCG #2 – No annual tuberculosis clearance.</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;"><i>To ensure this infraction does not reoccur, I will keep a detailed calendar marking each individuals TB clearance ^{30 days} a month prior to expiration to ensure they are renewed well ahead of their expiration date.</i></p>	<p style="text-align: right;"><i>4-29-18</i></p> <p style="text-align: center;">18 MAY -2 P 4:09</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p>FINDINGS First aid kit contained triple antibiotic/pain relief ointment. Repeat deficiency from 2015.</p> <p><i>A new First Aid kit was purchased, opened and inspected for any ointments/creams which were discarded @ time of discovery.</i></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: right;"><i>06-05-18</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> First aid kit contained triple antibiotic/pain relief ointment. Repeat deficiency from 2015.</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;"><i>To prevent this from happening again, a clear, highly-visible note will be placed on the front of First Aid Kit stating not to put any antibiotic ointments/creams or any multi-use ointments/creams in the kit.</i></p>	<p style="text-align: right;"><i>4-29-18</i></p> <p style="text-align: center;">18 MAY -2 P4:10</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – Diet order calls for nectar thick liquids; however, no order for thickening agent.</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;"><i>Yes, an order for thickening agent obtained from resident's PCP to ensure resident receives PCP ordered diet.</i></p>	<p style="text-align: center;"><i>4-29-18</i></p> <p style="text-align: center;">18 MAY -2 P4 10</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – Diet order calls for nectar thick liquids; however, no order for thickening agent.</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>To prevent future recurrence, I will inform the MD that every special diet that is ordered must also have an order for any special or specific agents needed to achieve specified diet. I would then have their office set up an automatic refill/order Rx for specified agent on a monthly basis with patient's pharmacy of choice. Any orders for nutritional supplements ^{with thickening agents} shall be updated quarterly during residents routine visits ^{and} or APRN.</p>	<p>06-05-18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator temperature at 62 degrees Fahrenheit.</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;">Yes. Refrigerator replaced and maintains @ 45°F ^{or lower} through the reading off an appropriate thermometer</p>	<p style="text-align: right;">4-29-18</p> <p style="text-align: center;">18 MAY -2 P4:10</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. <u>FINDINGS</u> Refrigerator temperature at 62 degrees Fahrenheit.	<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;"> <i>A daily check of the refrigerator thermometer and maintaining a daily log of thermometer check will ensure it does not happen again. Moreover, if refrigerator unable to maintain 45°F or lower, all possible actions will be taken to achieve proper temperature.</i> </p>	<p style="text-align: center;"><i>4-29-18</i></p> <p style="text-align: center;">18 MAY -2 P4:10</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – No annual re-evaluation for tuberculosis.</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 had this TB skin test done on 4/30/18. It was read on 5/2/18 with a negative result.</p>	<p>06-05-18</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – No annual re-evaluation for tuberculosis.</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;"><i>To prevent from reoccurrence, a checklist will be created for each resident's chart for all aforementioned documents including dates for renewal of necessary documents. Checklist will be done every 3 months.</i></p>	<p style="text-align: right;"><i>4-29-18</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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 action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Monthly progress notes do not reflect or explain the resident's thirteen (13) pound weight loss from May – July 2017.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;"><i>f-29-18</i></p> <p style="text-align: center;">18 MAY -2 P4:10</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 – No incident report for ER visit on 9/15/2017.</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;"><i>Yes. incident report completed</i></p>	<p style="text-align: center;"><i>4-29-18</i></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 information sheet medications not up-to-date.</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;"><i>Yes. Emergency information sheet of medications for each resident updated.</i></p>	<p style="text-align: right;"><i>4-29-08</i></p> <p style="text-align: center;">'18 MAY -2 P4:10</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right;">RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Permanent general register not maintained; does not include all admissions and discharges of residents.</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><i>Yes. a permanent log of all admissions and discharges created.</i></p>	<p><i>4-29-18</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5). In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS SCG #1 and SCG #2 – 0/12 hours of continuing education courses within the past year. Per PCG, 2 out 4 care givers attended CEU courses, and “relayed” what was learned to the other 2 care givers.</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>Deficiency was corrected. SCG's #2 & #3 attended CEU courses completing 3 sessions dated 3/27/18, 4/13/18, & 4/26/18, each contains 3 topics x 4 hours per session totalling 12 credits, each for SCG #2 & SCG #3 for 2017. Copies of certificates are attached. 11/13/18</i></p> <p><i>Note: original completion date 06-05-18 Certificates were attached on this date: 11/13/18</i></p>	<p><i>Re-written date 7/13/18</i></p> <p><i>11/13/18</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS SCG #1 and SCG #2 – 0/12 hours of continuing education courses within the past year. Per PCG, 2 out 4 care givers attended CEU courses, and “relayed” what was learned to the other 2 care givers.</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;"><i>I have to be sure to sit with my CM assessing my #2 Ex care ARCH resident to make a schedule and lists of topics, To be discussed at my 12 units CEU Training to be participated by PCG & SCG's at the same time in the Homes To be completed before my Annual Inspection with different dates.</i></p>	<p style="text-align: center;"><i>2/13/18</i></p> <p style="text-align: right;"><i>S. B. Bala</i></p>

Licensee's/Administrator's Signature: Leticia Bala

Print Name: Leticia Bala

Date: 4-29-18

Licensee's/Administrator's Signature: Leticia B. Bala

Print Name: Leticia B. Bala

Date: 06-05-18

Licensee's/Administrator's Signature: Leticia B. Bala

Print Name: Leticia B. Bala

Date: 7/13/18