

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hermelina Apuya (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 92-761 Paakai Street, Kapolei, Hawaii 96707	Inspection Date: October 25, 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.

RECEIVED
16 NOV 18 P 3:51
OF
DH-0HCA LICENSING

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (a)(4) General operational policies of an ARCH or expanded ARCH shall be submitted by the applicant in writing to the department prior to licensure and shall include, but shall not be limited to:</p> <p>Visiting hours;</p> <p><u>FINDINGS</u> Resident #1, no visiting hours listed in the operational policy.</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>yes, primary care giver put visiting hours 9 AM to 5 pm seven days a week in the General operational policy for ARCH + E ARCH</i></p>	<p style="text-align: center;"><i>10/25/2016</i></p> <p style="text-align: right;">RECEIVED 16 NOV 18 P 3 51 <small>OF</small> OHIO ARCH LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-100.1-7(a)(4)	<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><i>In the future primary care givers would discuss the visiting hours with the resident which is 9AM to 5pm in their admission. Care givers must be sure that the visiting hours is indicated in the General Operational Policy for ARCH & E ARCH</i></p>	<p style="text-align: center;"><i>11/16/16</i></p> <p style="text-align: center;">16 NOV 18 13:51</p> <p style="text-align: center;">REMOVED</p>

OHCA 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>FINDINGS Primary Care Giver, tuberculosis (TB) attestation incomplete. No documentation for the date or measurement of the initial positive TB skin test.</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>Yes, primary caregiver reviewed her personal file and was able to locate her PPD documentation PPD given 8/27/1991 Read 8/29/1991. Induration 16mm Primary caregiver completed TB attestation copy submitted 11/18/16</i></p>	<p style="text-align: center;">/</p> <p style="text-align: center;"><i>11/16/2016</i></p> <p style="text-align: center;">16 NOV 18 P 3:51</p> <p style="text-align: center;">REMOVED</p> <p style="text-align: center;">JF DIP-CHCA LICHENSKI</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-100.1-9(b)	<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 I will fill up the date of my positive PPD & the reading of the induration of the positive TB skin Test in the TB attestation in my next Physical</p>	<p style="text-align: center;">11/16/2016</p> <p style="text-align: center;">RECEIVED 16 NOV 18 P3:51 JF D.H.H. ORCA LICENSE</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> Substitute care giver #1 TB attestation incomplete. No documentation for the date or measurement of the initial positive TB skin test.</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, substitute caregiver # 1 has a copy of his positive PPD skin Test date read 2/1/12 Induration 15mm. Primary caregiver completed the date of positive TB skin Test in the TB attestation</i></p> <p><i>copy submitted</i> <i>11/18/16</i></p>	<p><i>11/16/16</i></p> <p>16 NOV 18 P 3:51</p> <p>RECEIVED</p> <p>DEPARTMENT OF LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-9(b)	<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>In the future before substitute caregiver #1 goes on an annual PE the primary caregiver will fill up the date of the positive TB Skin Test (PPD)</i></p>	<p style="text-align: right;"><i>11/16/16</i></p> <p style="text-align: right;">16 NOV 18 P 3:51</p> <p style="text-align: right;">RECEIVED</p> <p style="text-align: right;">DHCA LICENSING</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> Substitute care giver #2, TB attestation incomplete. No documentation for the date or measurement of the initial positive TB skin test.</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>yes, substitute caregiver #2 got a copy of his PPD result in his primary doctor's office date given 8/12/14 Induration 14 mm. primary caregiver completed date of ^{positive} TB skin Test.</p> <p>copy submitted 11/18/16</p>	<p>11/16/16</p> <p>16 NOV 18 P3 51</p> <p>RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-100.1-9(b)	<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><i>In the future primary caregiver will fill up the date of positive TB skin test (PPD) before going to an annual PE</i></p>	<p style="text-align: right;"><i>11/16/16</i></p> <p style="text-align: right;">16 NOV 18 13:51</p> <p style="text-align: right;">RECEIVED</p> <p style="text-align: right;">JF</p> <p style="text-align: right;">TERRONICA LINDEN</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Bleach stored in cabinet; however, the lock is not in force.</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, substitute caregiver #1 fixed the lock of the cabinet where bleach is stored</i></p>	<p style="text-align: center; vertical-align: top;">10/25/16</p> <p style="text-align: right; font-size: small;"> NOV 16 91. 16 NOV 16 3:51 DEPT OF HEALTH DIVISION OF COMMUNITY CARE </p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-100.1-14(f)	<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>In the future I always check that the lock of the cabinet where bleach is stored is easy to lock and unlock. I asked substitute caregiver to change the lock.</i></p>	<p style="text-align: center;"><i>11/16/18</i></p> <p style="text-align: right;">16 NOV 18 PM 3:51</p> <p style="text-align: right;">Jr DORONICA LICERESH</p> <p style="text-align: right;">FACILITY ID</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS Resident #1, order reads "Artificial Tears 1 gtt OU TID". Pharmacy label reads, "Artificial Tears 1.4% one drop each eye <u>four times daily</u>". Pharmacy label does not reflect order.</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>Yes, primary caregiver got a copy of the order Artificial Tears 1.4% one drop each eye TID from the eye doctor and brought it to 5 min pharmacy to change the label of the artificial tears 1.4% one drop on each eye to TID</i></p>	<p style="text-align: right; font-size: 2em;"><i>10/26/16</i></p> <p style="text-align: right; font-size: 0.8em;">'16 NOV 18 03:52</p> <p style="text-align: right; font-size: 0.8em;">KILL 11/16/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-100.1-15(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 style="text-align: center;"><i>In the future I will examine and compare the doctor's order match with the label of the medicine before I bring home the medicine</i></p>	<p style="text-align: center;"><i>10/26/16</i></p> <p style="text-align: right;">16 NOV 18 03:52 FOLLOW UP</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1, order reads "Nystatin topical powder <u>BID</u>". Medication record reads, "Nystatin topical powder <u>BID PRN</u>". Medication record does not reflect order.</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, case manager of resident #1 asked for clarification of nystatin Topical powder apply BID from Primary Care Physician of resident #1. Primary caregiver made correction in the medication record</i></p>	<p><i>11/10/16</i></p> <p>16 NOV 18 23:52</p> <p>REC'D</p> <p>PHARMACY</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(f)	<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>In the future I will examine, compare the doctor's order matches with the medication record.</i></p>	<p style="text-align: center;"><i>11/10/16</i></p>

OHIO DEPARTMENT OF HEALTH LICENSING

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1, no verbal order written or countersigned for medication made available since 9/27/16 as reflected in the medication record. Pharmacy label reads, "Magnesium Oxide 400 mg take one tablet by mouth every other day" dispensed on 9/27/16; however, physician order dated, 10/17/16.</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>Yes, primary caregiver called kidney doctor's office to find primary care give a copy of doctor's order for magnesium oxide 400 mg take 1 tablet by mouth every other day with his progress notes for resident # 1. Order for magnesium oxide 400 mg take 1 tab by mouth every other day was dated 9/27/2016</i></p>	<p style="text-align: right;"><i>10/26/16</i></p> <p style="text-align: right;">16 NOV 18 03:52</p> <p style="text-align: right;">FACULTY</p>

DISH-ORCA LICENSING

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-100.1-15(h)	<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><i>In the future when I bring resident # 1 for follow up check up to his kidney doctor, I will ask a copy of his prescription and doctor's progress notes for on the date of the visit</i></p>	<p style="text-align: center;">10/26/16</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)(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, no resident response to care plan directive "increase daily fluid intake" recorded in the progress notes.</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, on Oct. 25, 2016 after the annual inspection I wrote in my progress notes that resident #1 drinks 5-6 glasses of fluids a day. Caregivers also encourage resident #1 to take or drink more fluids to prevent recurrent urinary tract infection</i></p>	<p><i>10/25/16</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-100.1-17(b)(3)	<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 I will review and read the care plan often of resident #1 so that resident #1 is more healthy and prevent^{him} from being hospitalized.</p>	<p style="text-align: right;">11/16/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> Resident records unsecured in a file located in the living room that does not lock.</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, primary caregiver changed the steel cabinet that locks. Substitute caregiver #1 provided the steel cabinet</i></p>	<p><i>11/16/16</i></p> <p>16 NOV 19 1952</p> <p>REC'D - JCA LENCINSKI</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-100.1-17(f)(3)	<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>In the future I will put residents' record in a steel cabinet that locks.</i></p>	<p style="text-align: center;"><i>11/16/16</i></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. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> "White out" used to write over entry to monthly weight log.</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>Yes, primary caregiver put a line and put error and initialed over an entry in the monthly weight log</i></p>	<p style="text-align: center;">10/25/16</p>

M. G. ...
16 NOV 16 11:52
...

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-17(g)	<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>In the future I will avoid using white out in my monthly weight log.</i></p>	<p style="text-align: center;"><i>10/25/16</i></p>

BARTON LICENSING

16 NOV 18 03:52

R. J. ...

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p>FINDINGS Access to the area of refuge, from the second exit blocked by a garden hose.</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, primary caregiver coiled the garden hose and placed it ^{far} from the exit number two.</i></p>	<p style="text-align: center;"><i>10/25/16</i></p> <p style="text-align: center;">16 NOV 18 13:52</p> <p style="text-align: center;">MARTIN LUTHER KING JR. CENTER</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-23(g)(3)(B)	<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>Primary caregiver took out the garden hose and transferred the hose to another place away from the safe exit number 2. The hose is coiled after use and is being checked everyday.</p>	<p style="text-align: right;">June 1, 2018</p>

Licensee's/Administrator's Signature: Herminia Apuya

Print Name: HERMELINA APUYA

Date: 11/18/16

Licensee's/Administrator's Signature: Herminia Apuya

Print Name: HERMELINA APUYA

Date: 6/4/2018

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MICHIGAN LICENSING