Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: **Hilario ARCH**	**CHAPTER 100.1**
Address: **91-1137 Ahona Street, Ewa Beach, Hawaii 96706**	**Inspection Date: March 24, 2017 – Annual Inspection**

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** SCG #1 – no current annual tuberculosis clearance. TB attestation form provided. However; no evidence of positive tuberculin skin test in the past. **(Repeat deficiency from 2015.)**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG #1 WENT TO THE OFFICE OF DR BEN GALINDO ON 5/10/17 FOR TB TEST. WENT BACK 5/12/17 FOR READING. READING IS NEGATIVE	5/10/17

	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** SCG #1 – no current annual tuberculosis clearance. TB attestation form provided. However; no evidence of positive tuberculin skin test in the past. **(Repeat deficiency from 2015.)**	**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 WILL REVIEW MY RECORDS AND MAKE A LIST OF ALL PAPERWORK THAT NEEDS TO BE COMPLETED PRIOR TO MY ANNUAL INSPECTION. I WILL MAKE SURE ALL REQUIREMENTS ARE READY ON TIME.	5/12/17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #1 – no annual diet order signed by physician. Last diet order signed 2/28/2016. **(Repeat deficiency from 2015 and 2016.)**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PAMELA MIYAHIRO, APRN CAME TO HILARIO ARCH ON 3/3/18 FOR RESIDENT #1 ANNUAL PE. APRN USED OHCA PE RECORD FORM. OHCA FORM INCLUDE DIET ORDER AND SELF-PRESERVATION.	3/3/18

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #1 – no annual diet order signed by physician. Last diet order signed 2/28/2016. **(Repeat deficiency from 2015 and 2016.)**	**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 WILL ALWAYS USE OHCA FORMS FROM NOW ON.. I WILL MAKE SURE THAT I HAVE ALL THE FORMS READY WHEN I NEED IT.	3/3/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Docusate sodium administered to Resident #1 from 2/15/2017 to present (3/24/2017). Docusate sodium was not on the physician order from 2/15/2017.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** WENT TO SEE RESIDENT #1 MD AT KAISER WAIPIO CLINIC ON 11/1/17. MD INCLUDED DOCUSATE SODIUM ON RESIDENT #1 LIST OF MEDICATION.	11/1/17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Docusate sodium administered to Resident #1 from 2/15/2017 to present (3/24/2017). Docusate sodium was not on the physician order from 2/15/2017.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** EVERY DOCTOR'S VISIT, I WILL BRING WITH ME RESIDENT #1 MEDICATION ADMINISTRATION RECORD (MAR) FOR MD TO REVIEW, THEN SIGN IF EVERYTHING IS COMPLETE.	11/1/17

	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 – medication orders not reevaluated and signed by physician every four months. Last medication orders before 2/15/2017, signed on 4/6/2016. **(Repeat deficiency from 2016.)**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** WENT TO SEE RESIDENT #1 MD ON 11/1/17 AT KAISER WAIPIO CLINIC. MD REVIEWED AND RE EVALUATED RESIDENT#1 LIST OF MEDICATIONS. I RECEIVED SIGNED COPY OF MEDICATIONS LIST.	11/1/17

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☒	§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 – medication orders not reevaluated and signed by physician every four months. Last medication orders before 2/15/2017, signed on 4/6/2016. **(Repeat deficiency from 2016.)**	**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 WILL KEEP A REMINDER LIST OF RECIPIENT #1 DOCTOR'S APPOINTMENT. I WILL MARK IN THE CALENDAR THE DATE AND TIME OF THE APPOINTMENT EVERY FOUR MONTHS. I WILL PUT IT IN MY CELL PHONE REMINDER ALSO.	11/1/17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-16 Personal care services. (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed. **FINDINGS** Resident #1 – no schedule of activities.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** MADE RESIDENT #1 PLAN OF CARE AND ACTIVITY SCHEDULE. ACTIVITY SCHEDULE IS FROM SUNDAY TO SATURDAY. COPY OF ACTIVITY SCHEDULE KEEP IN RECIDENT FOLDER.	4/2/17

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☒	§11-100.1-16 Personal care services. (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed. **FINDINGS** Resident #1 – no schedule of activities.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** ~~MADE~~ I will review resident #1 record folder to make sure all required paperworks are included and up to date. I will make sure all missing paperworks are complete prior to my inspection.	4/2/17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1 – no current tuberculosis clearance. TB attestation form provided. However; no evidence of positive tuberculin skin test in the past. **(Repeat deficiency from 2015 and 2016.)**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** RESIDENT #1 WENT TO DR BEN GALINDO'S OFFICE ON 5/10/17 FOR TB TEST. WENT BACK AGAIN ON 5/12/17 FOR READING. READING IS NEGATIVE.	5/10/17

	Rules (Criteria)	Plan of Correction	Completion Date
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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: **FINDINGS** Resident #1 – no self-preservation certification. **(Repeat deficiency from 2016.)**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PAMELA MIYASHIRO, APRN CAME TO HILAPRO ARCH ON 3/3/18 FOR RESIDENT #1 ANNUAL PE. APRN USED RESIDENT PE RECORD FORM FROM OHCA. FORM INCLUDE SELF PRESERVATION AND DIET ORDER.	3/3/18

	Rules (Criteria)	Plan of Correction	Completion Date
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Licensee's/Administrator's Signature: CETERINO HILARIO

Print Name: Delmi Velez

Date: 3/5/18