

CARE HOME CLOSED ON SEPTEMBER 9, 2016

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hughes Care Home	CHAPTER 100.1
Address: 91-835 Kauwili Street, Ewa Beach Hawaii 96706	Inspection Date: October 6, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing.</u> (a)(4) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH;</p> <p><u>FINDINGS</u> Primary care giver (PCG) states, "I threw out the license because it expired in January". However, adult residential care home (ARCH) license issued by the department and mailed on 08/12/15 not posted during annual inspection.</p>		
<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>		

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	<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 – four (4) training certificates available from an on-line education program; however, <u>no verification</u> for 1.5 hours hand-written on each certificate. Please submit documentation to verify a total of six (6) hours of training with your plan of correction (POC).</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (f) A minimum of three meals shall be provided at regular intervals in each twenty four hour period. There shall be no more than fourteen hours between a substantial evening meal and breakfast.</p> <p><u>FINDINGS</u> Fourteen (14) hours between a substantial evening meal and breakfast was exceeded as evidenced by the PCG who stated earliest dinner is served at 4:00 p.m. and latest breakfast is served at 8:00 a.m.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p>		

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	<p><u>FINDINGS</u> Packaged food stored on facility floor surfaces as follows:</p> <ol style="list-style-type: none"> 1. Family Room – three (3) boxes of cereal, one (1) case of fruit and two (2) cases of vegetables; and 2. Kitchen – three (3) cases of canned fruit drinks. <p>Reminder, food shall be stored six (6) inches from the floor.</p>		
<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, unsecured in a kitchen cabinet.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> PCG's personal medication, unsecured inside the refrigerator.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (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.</p> <p><u>FINDINGS</u> Resident #1, no schedule of activity available.</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 for December 2014 thru October 2015 identical except for signature date. Physician annual exam dated 01/27/15 reads, "weight loss" as a health problem. However, PCG monthly progress notes listed for each month read, "Good appetite, oriented & pleasant".</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Resident bathroom inadequate, regarding the following:</p> <ol style="list-style-type: none"> 1. Sink, overhead light not working; 2. No lathering soap and single use hand drying towels; 3. Toilet needs repair, per the PCG; and 4. No tissue paper. 		

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____