

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Quitevis, Elena (ARCH)	CHAPTER 100.1
Address: 1614 Maluawai Street, Pearl City, Hawaii 96782	Inspection Date: April 10, 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	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>FINDINGS Equipment for kitchen refrigerator, not maintained. Thermometer broken. Temperature reading was 55°F. However, temperature when measured with another thermometer was appropriate (40°F.)</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>following day after my inspection I went to buy 2 new me. 2 thermometers new are ²⁰ in ref. down stairs & 1 up stairs.</i></p>	<p style="text-align: right;"><i>4-19-18</i></p>

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	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>FINDINGS Toxic chemicals unsecured (Repeat 2017.)</p> <ol style="list-style-type: none"> 1. Resident bathroom, one (1) can of "Glade" deodorizer spray unsecured, on top of a vanity. 2. Bedroom #4, one (1) can of "Febreze" deodorizer spray unsecured, on top of a cabinet unsecured. 3. Kitchen, one (1) can of "Febreze" deodorizer spray and "Raid" spray unsecured in a cabinet under the sink. 	<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>after inspection I took it and put in the cabinet with lock.</i></p>	<p style="text-align: center;"><i>4-19-18</i></p>

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☒	<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>FINDINGS Toxic chemicals unsecured (Repeat 2017.)</p> <ol style="list-style-type: none"> 1. Resident bathroom, one (1) can of "Glade" deodorizer unsecured, on top of vanity. 2. Bedroom #4, one (1) can of "Febreze" deodorizer, on top of a cabinet unsecured. <p>Kitchen, one (1) can of "Febreze" deodorizer spray and "Raid" spray unsecured in a cabinet under the sink.</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><i>I will inform all to my resident at admission and remind them items must be locked up.</i></p> <p><i>all orgins to follow same rules and let me know if the resident have concern about sanitization.</i></p>	<p style="text-align: right;">10-17-18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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 Bedroom #4, one (1) "Ventolin" inhalation aerosol canister unsecured, in a basket on a dresser top. (Repeat 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><i>Ventolin[®] in the medicine cabinet, put 4-19-18 right away. Lock & secured in the medicine cabinet.</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.</u> (a)(3) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p>FINDINGS Resident #1, Resident Emergency Information sheet did not contain the resident's diet order, information about advance directives or Tuberculosis screen.</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>Day after my inspection I went right away, bring with me a blank P.E. form contain diet order. I have the new form & also the new diet order. Physician must claim, Iron salt and Low cholesterol. advance directive not able to complete because the designated Guardian is not in the Island and Geriatric Doctor is not able to fill up, when last Monday she saw Resident #1 on her appointment she the Physician appointed another close relative as a guardian so Geriatric Physician will be able to finish the form. and Tuberculosis screen will be completed.</p>	<p style="text-align: center;">4-19-18</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>FINDINGS The permanent general register did not reflect one (1) person listed in the 12/5/17 fire drill form. The Primary care giver reports that the person listed was a resident for "a few days."</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>	

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Licensee's/Administrator's Signature: Elena Quintis

Print Name: ELENA QUINTIS

Date: 10-17-18