

Office of Health Care Assurance

State Licensing Section

Complete Inspection Rules (Criteria)
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J. Quinabo ARCH #1	CHAPTER 100.1
Address: 1553 Kaweloka Street, Pearl City, Hawaii 96782	Inspection Date: January 28, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, <u>staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #3, no annual physical examination. Please submit documentation with the plan of correction (POC).</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, <u>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></p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	SCG #3, no annual tuberculosis screening clearance. Please submit documentation with the POC.		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #3, no current first aid certification. Please submit documentation with the POC.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1, SCG #2, and SCG #3, no substitute care giver training by the PCG for safe medication administration and personal care. Please submit documentation with the POC.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #3, no cardiopulmonary resuscitation certification. Please submit documentation with the POC.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-12 Emergency <u>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> No plastic sleeves for one (1) battery operated thermometer.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition₂ (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Current menu not posted in the resident dining area or in the kitchen.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition₂ (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.</p> <p><u>FINDINGS</u> Resident #1, no verbal orders from the physician for a special</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>diet. Progress note dated 01/26/16 reads, "Resident had a modified barium swallow test today and a speech therapist evaluation. The speech therapist recommended pureed food and thin liquids." Primary Care Giver (PCG) states "resident has had pureed foods since 01/26/16". Obtain physician order for pureed diet. Submit documentation with the POC.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-14 Food <u>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> Two (2) bottles of toxic chemicals (bleach) unsecured in the carport.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications, (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> Medication placed in the following unsecured areas:</p> <ol style="list-style-type: none"> 1. Refrigerator door, eye drops, and 2. First aid kit, over the counter medications. 		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications, (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><u>FINDINGS</u> Topical (CVS Diaper Rash Ointment) ointment was not segregated from other medications in Resident #1's medication bin.</p>		
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Resident #1, physician order dated 05/19/15 reads, "Amlodipine QD – hold if SBP <110 and HR<60." However,</p> <ol style="list-style-type: none"> 1. No parameter documented in the medication administration record (MAR). PCG transcription to the MAR reads, "Amlodipine Bisulfate 2.5 mg one tablet daily". 2. On 08/12/15 SBP=106; medication made available. 3. On 08/22/15 HR=56; medication made available. 4. On 08/23/15 HR=58; medication made available. 5. On 08/25/15 SBP=108 and HR=54; medication made available. 		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications, (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, no physician order to "crush" medication; however, PCG states that two (2) medications (Vit D3 1,000 one tablet BID and Fexofenadine HCL one tablet daily) are crushed.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	Obtain physician order to crush medication and submit documentation with the POC.		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications, (j) Medication shall be offered only to the resident for whom it is ordered.</p> <p><u>FINDINGS</u> Over-the-counter medication in the first aid kit as follows without physician orders:</p> <ol style="list-style-type: none"> 1. Burn cream, 2. Aspirin, 3. Antacid, and 4. Non-Aspirin. 		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records <u>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, physician order reads, "Zinc Oxide 40% apply to area of irritation 4x a day PRN for rash." Medication record reflects medication made available four times daily from 05/12/15 through 05/19/15; however, no documentation for resident need or response to ointment recorded in the progress notes.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-17 Records <u>and reports.</u> (g) 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> Resident records stored in a file cabinet; however, the cabinet locking device does not lock.</p>		
☒	<p>§11-100.1-23 Physical <u>environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>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:</p> <p><u>FINDINGS</u> Three (3) residents certified as non-self preserving; 1. Resident #1, certificate dated, 09/01/15 reads, “not capable of following directions and taking</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>appropriate action for self- preservation under emergency conditions;</p> <ol style="list-style-type: none"> 2. Resident #2, certificate dated, 10/06/15 reads, non-self preserving; and 3. Resident #4, certificate dated, 01/05/16 reads, non-self preserving. 		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Battery operated signaling device mounted on the wall next to five (5) resident beds. Batteries tested; however, there is no signal when the button is pushed to activate the wall device.</p>		
<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><u>FINDINGS</u> Requirements for twelve hours of annual continuing</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	education were not met as follows: <ol style="list-style-type: none"> 1. SCG #2, eight (8) hours completed. Please submit documentation for four (4) additional hours. 2. SCG #3, zero (0) hours completed. Submit documentation for twelve (12) hours. <u>Hours credited towards 2015 annual inspection year.</u>		

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____