

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lolita Suga (ARCH)	CHAPTER 100.1
Address: 94-414 Hianakiu Street Waipahu, Hawaii 96797	Inspection Date: February 10, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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> <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 (PCG), no training hours completed for the six (6) hours required annually. <u>Please submit documentation for six (6) hours of training with the plan of correction (POC). These hours will be credited to 2015.</u></p>		

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<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDINGS</u> No quarterly rehearsals of emergency evacuation.</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> More than fourteen hours between substantial meals, earliest evening meal at 5:30 p.m. and latest breakfast at 8:00 a.m.</p>		
<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><u>FINDINGS</u> No thermometer for one (1) refrigerator.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> No metal stem thermometer. Repeat citation (2015).</p>		

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☒	<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><u>FINDINGS</u> Resident #1, no label to reflect <u>physician orders</u> for:</p> <ol style="list-style-type: none"> 1. "Advair Diskus 500-50 mcg/dose, 2 puffs BID" 2. "Combivent Respimat 20-100 mcg/dose, 2 puffs QID" 		
☒	<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> Medication unsecured as follows:</p> <ol style="list-style-type: none"> 1. Medication cabinet lock not engaged, 2. Plastic bowl with a snap cover on kitchen table for: <ol style="list-style-type: none"> a. "Advair Diskus 500-50 Mcg/dose, 2 puffs BID" b. "Combivent Respimat 20-100 Mcg/dose, 2 puffs QID" 3. First Aid kit, two (2) tubes of "Bacitracin", and 4. USPS Priority Mail Box for shipping medication refills, placed on an open shelf in the kitchen. 		

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☒	<p>§11-100.1-15 <u>Medications.</u> (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> Incomplete orders:</p> <ol style="list-style-type: none"> 1. Physician order dated July 6, 2015 reads, “fluid restriction”; however, no parameters noted. 2. Medication Record reads, “Multivitamin I tab daily” and “Vit B-12 500 mg i tab QID in AM” from February 2015 through November 5, 2015 and “discontinued on November 5, 2015”; however, no physician order to make available or to discontinue. 		
☒	<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> No procedure to identify and dispose of expired medications”</p> <ol style="list-style-type: none"> 1. “Advair Diskus 500-50 Mcg/dose” expired 2/2015, 2. “Bacitracin” expired 05/2012, and 3. “Bacitracin” expired 12/2013. 		
☒	<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,</p>		

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	<p>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, progress notes:</p> <ol style="list-style-type: none"> 1. No monthly progress notes from September 2015 through January 2016, 2. Physician note dated July 23, 2015 reads, "No black outs except once and a while". No observations related to black outs in progress notes, and 3. Physician order dated July 6, 2015 read, "fluid restriction"; however, progress notes do not reflect resident response to this order. 		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #1, no annual height measurement for 2016.</p>		
<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></p>		

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	PCG places resident records on top of the desk, unsecured. Locked drawers available; however, used to secure personal documents. No designated area to secure facility records.		
☒	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1, inventory of possessions not maintained.</p>		
☒	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(B) 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>Housekeeping:</p> <p>After discharge of any resident, the bed, bed furnishings, bedside furniture and equipment shall be thoroughly cleansed prior to subsequent resident admission;</p> <p><u>FINDINGS</u> Discharged Resident #1's personal papers retained in a dresser drawer in Bedroom #3.</p>		
☒	<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</p>		

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	<p>and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1. Flies hovering over dirty dishes in the sink, 2. PCG owns eight (8) dogs, four (4) are indoor pets and four (4) are outdoor pets. During the annual inspection, puddle of urine under the dining room table and puddle on top of a small table. 3. Live vermin in a desk drawer in resident bedroom. 4. Tiles missing from the walkway connecting the driveway to the facility front door. 5. Hot water not readily available in the bathroom. 		

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____