

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Negrillo's ARCH	CHAPTER 100.1
Address: 4719 Opukea Street, Lihue, Hawaii 96766	Inspection Date: March 23, 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) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, 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> Substitute care giver #1 - No annual tuberculosis (TB) clearance. No documentation of positive TB skin test. Two step TB skin test completed in April 2012 was 0 mm.</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>I inform my substitute care giver #1 to retrieve medical documentation of history on TB skin test from health care provider. Receive copy today 5-7-18.</i></p>	<p style="text-align: right;"><i>5-7-18</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (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> No pureed consistency menu.</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 contact the dietitian/nutritionist from Office of Health Care Assurance and have resident physician order for pureed consistency diet. Dietitian from OCHA also instructed me on what kind of fruits, vegetables and meat should be pureed and not. Yes, I corrected the deficiency by creating a special diet for a four week cycle menu for pureed consistency diet.</p>	<p style="text-align: right;">4-21-2018</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (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> No pureed consistency menu.</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>To prevent the same deficiency in the future as soon as I receive special diet orders from the physician I should follow or use guidelines. Use the menu as soon as developed and implement for a four week cycle menu. Yes, we caregivers need to be trained by licensed dietitian to provide the special diet. Menus should be posted in the kitchen and in a conspicuous place in the dining area. I make a four week cycle menu for pureed consistency diet.</i></p>	<p style="text-align: right;">18 SEP 21 10:29 4-21-18</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right; font-size: 2em; font-weight: bold;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 - No physician order for "pureed consistency" diet served.</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>Corrected during resident #1 doctor appointment. Discuss w/ her physician about some circumstances. Physician order for regular diet as consistency and tolerated diet which is P-pureed, M-mash G-soft and M-mixed.</i></p>	<p style="text-align: right;">3-23-18sm 4-21-18</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>. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p>FINDINGS The thermometer in the resident area refrigerator registered 50° F. The refrigerator contained medication and perishable food.</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 style="text-align: center;"><i>Replace with a new thermo- meter</i></p>	<p style="text-align: center;"><i>3-23-18</i></p>

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<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> The thermometer in the resident area refrigerator registered 50° F. The refrigerator contained medication and perishable food.</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>Check the thermometer one a week/daily to make it sure the temperature was appropriate with 45° F or lower. To avoid the same deficiencies in the future follow chapter 11-100.1-14 Food sanitation (c).</i></p>	<p style="text-align: right;"><i>3-23-18</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - The medication record did not indicate that the "losartan" is crushed prior to administration.</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>During resident's appointment on 4-21-18, requested physician to write an order, "to crush all medications prescribed. Documented on "MAR" crush all medications."</i></p>	<p style="text-align: right;"><i>4-21-18</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - "acetaminophen 325 mg Take 1-2 tabs po every 4 hours as needed" ordered 1/27/18; the number of tablets was not recorded when taken by the resident on 1/27/18 at 2 p.m., 6 p.m. and 10 p.m.</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>To ensure that it will not happen again is to indicate the number of tablets taken by the resident and should be recorded on resident medication record. My future plan is to check everyday the documentation on the MAR.</i></p>	<p style="text-align: center;"><i>3-23-18</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> (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>FINDINGS Resident #1 - Progress notes did not include that the resident:</p> <ul style="list-style-type: none"> • Uses a wheelchair for mobility, • Experienced a change in condition following the "flu" in November 2017, • Feeds self "slow" so needs to be fed by care givers lunch and dinner 50% to 60% of the time, • Is unable to tolerate the "regular minced diet" ordered so meals are pureed, • Is able to tolerate thin liquid consistency, and • Is incontinent of urine but continent of bowel movement. 	<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>At resident's #1 follow up doctor appointment on 4-21-18 requested physician to include in resident's assessments of changes in condition. Documentation updated to include all of the above in progress notes (findings), specifically indicating changes in resident's abilities or need for assistance and changes in health condition. Noted as late entry.</i></p> <hr/> <p><i>Yes, deficiency was corrected. Once notified the physician for any changes of the resident's condition I should document immediately to the resident's progress notes.</i></p>	<p style="text-align: center; vertical-align: middle;"><i>4-21-18</i></p> <p style="text-align: center; vertical-align: bottom;"><i>4-21-18</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> Access to the area of refuge from Exit #2 was obstructed by objects placed on the sidewalk and an automobile. The clear width was 25 inches. There are two (2) wheelchair dependent residents.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Remove objects (tires & etc.) and cleared up side walk access to the area of refuge from exit # 2. Adjust automobile parking space to have enough space for wheelchair residents.</i></p>	<p>3-24-18</p>

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Licensee's/Administrator's Signature: 


Print Name: SHIRLEY R. NEGRILLO

Date: 05-7-2018

Licensee's/Administrator's Signature: 


Print Name: SHIRLEY NEGRILLO

Date: 07-5-2018

Licensee's/Administrator's Signature: 

Print Name: SHIRLEY NEGRILLO

Date: 09-18-2018

Licensee's/Administrator's Signature: 

Print Name: SHIRLEY NEGRILLO

Date: 10-12-2018