Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Obrero, Esperanza	**CHAPTER 100.1**
Address: **1609 Maliu Street, Honolulu, Hawaii 96819**	**Inspection Date: September 20, 2017**

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** • SCG #1 – No documented evidence of an annual tuberculosis clearance. • SCG #2 – No documented evidence of an initial tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§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: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** SCG #1 and SCG #2 – No documentation of training by the PCG to make medication available to residents. (Repeat from 2015)	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures. **FINDINGS** No metal stem thermometer available to check cold food temperatures. (Repeat from 2015)	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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☒	§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures. **FINDINGS** No metal stem thermometer available to check cold food temperatures. (Repeat from 2015)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 – Not all medication orders reevaluated and signed by the physician every four months.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Monthly progress notes for Resident #1 do not include observations of the resident's response to medications and diet.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

	Rules (Criteria)	Plan of Correction	Completion Date
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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (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. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; **FINDINGS** PCG is not sanitizing dishes after each use. PCG stated she sanitizes dishes every two (2) days.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (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. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; **FINDINGS** PCG is not sanitizing dishes after each use. PCG stated she sanitizes dishes every two (2) days.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____