Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Esteban, Veronica (ARCH)	**CHAPTER 100.1**
Address: **1342 Kamehameha IV Rd. Honolulu, Hi 96819**	**Inspection Date: January 8, 2019 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.

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	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** Household member #1, no annual tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** YES; Corrected defiency on January 7, 2019. JF left her TB results on the small side table, didn't see the reading result TB test, until after Ms. Anderson left. Copy enclosed.	Jan. 17, 2019 VE

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☒	§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** Household member #1, no annual tuberculosis clearance.	**PART 1** **FUTURE PLAN** USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOEN'T HAPPEN AGAIN? Steps to ensure it doesn't happen again: 1. Designate – a responsible person with good Time Management to inform all family and Sub Care Givers to get their TB before inspection. Designated: Jean Esteban. 2. Jean Esteban will use and/or update SCG and Family members Checklist (from Ms. Anderson) 3. Jean Esteban has designated an Annual month: November to inform Sub Care Givers and Family members regarding the checklist.	1/8/2019 VE

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-12 Emergency care of residents and disaster preparedness. (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH. **FINDINGS** First aid kit, six (6) tubes of Neosporin, expired 10/20/18.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** YES, it's corrected. The expired lotions were properly discarded in the trash bin.	1/8/2019 VE

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☒	§11-100.1-12 Emergency care of residents and disaster preparedness. (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH. **FINDINGS** First aid kit, six (6) tubes of Neosporin, expired 10/20/18.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** steps to ensure it doesn't happen again: 1. Designate a person to check the first aid kit. 2. Designated: Ms. Jean Esteban 3. JE will update First Aid checklist to include: restock supplies and take out any expired ointments that comes in a kit.	1/8/2019 JE

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified. **FINDINGS** Resident #1, family delivers "Ensure" supplement for breakfast and dinner daily. However, no annual order available to make 8 ounces supplement available BID.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** YES, it 's corrected. Resident #1 A.D. -Kaiser doctor visit on 1/17/2019; signed PO's: Supplement: "Ensure" 1 – 8oz. can, PO, BID @ morning and night.	1/17/19 VE

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1, family provided bottle of "Senna" with verbal instructions to give one (1) tablet PRN for constipation. No written instructions. However, no physician/APRN order.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, it's corrected. Resident #1 A.D. -Kaiser doctor visit on 1/17/2019; signed PO's: Supplement Orders: Senna 1 tab, PO, daily, as needed for constipation (PRN).	1/17/2019 VE

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1, verbal order (11/21/18) reducing medication on Tuesday and Thursdays. For example, "Warfarin 2mg daily except (1/2 tablet (1 mg) Tuesday and Thursday. However, no evidence in the medication administration record (MAR) when deduced dose made available.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, it's corrected. Updated Medication flowsheet : Verbal order 11/21/18 - Warfarin 2mg daily except (1/2 tablet-1 mg) Tuesday and Thursday. (and not just the post-it note on medication bottle and progress notes)	1/08/2019 VE

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☒	§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, no re-evaluation or signed renewal order available for PRN order (5/21/18). However, bottle of "Acetaminophen 300 mg – Codeine 30 ml PRN one (1) tablet every six (6) hours" available and listed on MAR.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** YES, it's corrected Resident #1 A.D. -Kaiser doctor visit on 1/17/2019; Kaiser doctor signed PO's: Discontinued DC –the Acetaminophen 300 mg with Codeine 30 ml, 1 tab every 6 hours, PO, PRN as needed for pain. The MAR's has been updated.	1/17/2019 VE

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☒	§11-100.1-17 Records and reports. (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary. **FINDINGS** Resident #1, no incident report for resident fall (5/21/18).	**PART 1** Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required. (Note; one was made, but son gave it to Kaiser doctor) (made another one 1/8/19)	V E

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☒	§11-100.1-23 Physical environment. (h) 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. **FINDINGS** Bedroom #3, Large mirror placed on top of a desk. No means to secure mirror and prevent the mirror from falling.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** **YES, it's corrected.** **Bedroom #3, large mirror is secured.** **Picture frame double stick/Velcro has been secured.**	1/8/2019 VE

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Licensee's/Administrator's Signature: Veronica Esteban

Print Name: Veronica Esteban

Date: 1-18-19

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