

Office of Health Care Assurance

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

OFFICE OF HEALTH CARE ASSURANCE
HAWAIIAN LICENSING

Facility's Name: Garcia Care Home	CHAPTER 100.1
Address: 99-568 Huakanu Street, Aiea, Hawaii 96701	Inspection Date: February 3, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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>FINDINGS Household member (HHM) #2 and #3, no annual examination. <u>Please submit documentation with the plan of correction (POC).</u></p>	<p>corrected. (HHM) # 2 and # 3 took their P.E and submitted documents in "2016".</p> <p>To write in a calendar to get a Physical Exam. before application and to mark again in calendar 2 months in advance for the next P.E.</p>	<p>11-30-18</p> <p>8-26-16</p>
<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS Annual tuberculosis clearance not accepted for the following:</p>	<p>corrected. SCG # 2 and 4 the attestation form filled by Doctor. "2016"</p>	<p>11-30-18</p>

corrected, SCG # 4 received 11-30-18 updated Annual TB skin Test.

	Rules (Criteria)	Plan of Correction	Completion Date
	<ol style="list-style-type: none"> Substitute care giver (SCG) #2 and SCG #4, current attestation form blank for the following: name, evidence of previous positive tuberculosis skin test, evidence of x-ray clearance and annual screening of symptoms consistent with pulmonary tuberculosis. SCG #4, documentation for annual tuberculosis skin test dated 01/30/15, is more than one (1) year old. Household member #2 and #3, no documentation for the annual tuberculosis skin test. <u>Please submit documentation for each with the POC.</u> 	<p>①. HHM #2 and #3 received updated annual TB skin Test from Doctor.</p> <p>Explained to House member the purpose of the form and to understand. For the Positive PPD is ^{the} assessment and attestation screening form.</p>	8-26-16
☒	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> Week #2 Wednesday lunch read, "Roast beef, mashed potatoes, tomatoes, milk and water." However, penciled over this day, the menu reads, "Roast turkey and mixed vegetables." Resident #1 mid-day meal, turkey sandwich, lettuce and tomato, milk and orange, did not reflect the menu. No method to record substitutions available. 	<p>Need to place a new menu every Saturday in the kitchen and the dining area of the residents.</p> <p>①. Menu corrected that day given Roast Turkey and mixed vegetables. "2016"</p> <p>②. corrected. added substitution on menu provided "2016"</p>	8-26-16 11-30-18
☒	<p>§11-100.1-14 <u>Food 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>FINDINGS Toxic chemical (bleach) placed in kitchen cabinet, unlocked.</p>	<p>after each use of chemical bottle, put the bottle back in the cabinet and put the padlock.</p>	8-26-16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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>FINDINGS Resident #1, physician orders dated 05/29/15, 9/11/15 and 12/28/15 read,</p> <ul style="list-style-type: none"> • Azo 95 mg take one tablet BID • Calcium 500mg one tablet BID • Miralax 17gm/dose one cap with water BID • Folic Acid 1 mg two tablets BID • Vit D3 1000 IU two tablets QD <p>However, <u>no label for each container</u> to reflect the order.</p>	<p>Corrected. Labels for each container has been placed. "2016"</p> <p>write the Doctors orders on the label before giving to the resident.</p> <p>corrected. sanitized all bins and placed combat roach killing bait in cabinet. "2016"</p> <p>The house is fumigated monthly.</p>	<p>11-30-18</p> <p>8-26-16</p> <p>11-30-18</p>
<input checked="" type="checkbox"/>	<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>FINDINGS Resident #1, live insect in the medication bin.</p>	<p>corrected. sanitized all bins and placed combat roach killing bait in cabinet. "2016"</p> <p>The house is fumigated monthly.</p>	<p>11-30-18</p> <p>8-26-16</p>
<input checked="" type="checkbox"/>	<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>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS Resident #1, physician order dated 05/29/15, 9/11/15, and 12/28/15 reads, "Calcium 500mg one tablet BID". Medication bottle label reads, "Calcium Citrate Magnesium and Zinc w/ Vitamin D3".</p>	Tell family members to obtain the right prescription from the doctor w/ the right medication.	8-26-16
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (k) Medication errors and drug reactions shall be reported immediately to the physician or APRN responsible for the medical care of the client and shall document observations and action taken in the resident's record.</p> <p>FINDINGS Resident #1, physician order dated 05/29/15, 9/11/15, and 12/28/15 reads, "Calcium 500mg one tablet BID". Medication bottle label reads, "Calcium Citrate Magnesium and Zinc w/ Vitamin D3".</p>	<p>Corrected. The doctor corrected the prescription. "2016"</p> <p>Tell family members to obtain the right prescription from the doctor with the right medication.</p>	11-30-18 8-26-16
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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.</p> <p>FINDINGS No incident report for agitation/aggressive behavior. Incident dated, 12/20/15, regarding Resident #1 bitten by Resident #3. Repeat deficiency (2015).</p>	<p>Deficiency has been corrected. Incident report was completed.</p> <p>Make a note and write ^{with} in 24 hours of incident report.</p>	2-4-2016 8-26-16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Permanent general register not maintained. No documentation for Resident #4's discharge and readmission; hospitalized from 06/04/15 through 06/10/15 and readmitted to the adult residential care home on 06/10/15.</p>	<p>upon admission or discharge of the resident, make a note to remind me to check all the lists and document in the progress notes.</p>	<p>8-26-16</p>
☒	<p>§11-100.1-23 <u>Physical environment.</u> (i)(2) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Windows shall have screens having no less than sixteen meshes per inch.</p> <p>FINDINGS Window screens not maintained:</p> <ul style="list-style-type: none"> • Bedroom #1, two (2) holes: a two (2) inch long tear and another tear measuring half inch long . • Bedroom #1, one (1) hole, three (3) inches by two (2) inches. 	<p>changed screen windows bedroom 1, 2 and 3 at residents living area and keep the window clean.</p>	<p>8-26-16</p>

Licensee's/Administrator's Signature: Fe Garcia

Print Name: Fe Garcia

Date: 3-16-2016

Licensee's/Administrator's Signature: Fe A. Garcia

Print Name: Fe A. Garcia

Date: 8-26-'16

Licensee's/Administrator's Signature: Fe A. Garcia

Print Name: Fe A. Garcia

Date: 11-30-2018