

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Obaldo, Marcelina (ARCH)	CHAPTER 100.1
Address: 94-852 Kuhaulua Street, Waipahu, Hawaii 96797	Inspection Date: October 4, 2016 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.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> Container of grapefruit juice, purchased by Resident #2, opened and stored in Bedroom #2. Temperature of the grapefruit juice reads, 80°F.</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>Yes, this deficiency was immediately corrected during surveyor's on-site visit. Background information: Resident #2 just came home on October 4, 2016 drinking grapefruit juice. After consuming about half of the juice he temporarily placed the juice in his bedroom with intention to drink all of it later. Action taken: The grapefruit juice was immediately removed and transferred to refrigerator for safe storage and to meet proper temperature requirements under Section 11-100.1-14(d). Resident #2 was informed not to store unconsumed grapefruit juice in his bedroom and ask for carehome operator to store in the refrigerator.</p>	<p>October 4, 2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> Container of grapefruit juice, purchased by Resident #2, opened and stored in Bedroom #2. Temperature of the grapefruit juice reads, 80°F.</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>When cleaning the resident's bedroom, check if there is a food or drink that need to be kept in the refrigerator.</p> <p>Future Plan - Remind or inform all residents not to keep food or drink in their room, and ask Care Home Operator to keep any kind of juice or food in the refrigerator to ensure proper storage temperature.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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><u>FINDINGS</u> Resident #1, no documentation of observations for the resident's response to medication changes in the May and September 2016 progress notes. Order dated 03/22/16 reads, "Clozapine 50 mg Q am", order dated 05/06/16 reads, "Clozapine 75 mg Q am", order dated 09/07/16 reads, "Clozapine 100 mg Q am".</p>	<p>Yes, this deficiency was corrected immediately after surveyor's on-site visit. Completed three monthly progress notes documenting the observations on Resident #1 response to changes in Clozapine dosage medication for hearing voices. Recorded in the progress note for March 2016 include Resident #1 continue to hear voices on Clozapine 50 mg Q am – order dated 03/22/16. Recorded in the progress note for May 2016 include Resident #1 still hearing voices on Clozapine 75 mg Q am – order dated 05/06/16. Recorded in the progress note for September 2016 include Resident #1 stable on Clozapine 100 mg Q am – order dated 09/07/16.</p>	<p>October 5, 2016</p>

	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><u>FINDINGS</u> Resident #1, no documentation of observations for the resident's response to medication changes in the May and September 2016 progress notes. Order dated 03/22/16 reads, "Clozapine 50 mg Q am", order dated 05/06/16 reads, "Clozapine 75 mg Q am", order dated 09/07/16 reads, "Clozapine 100 mg Q am".</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 I do not forget to write a progress note, place a mark reminder on resident's folder and check or review before the end of the day.</i></p> <p><i>Future Plan- Immediately write progress note in the resident's folder documenting and recording any observations and response to medication changes prescribed by the doctor or APRN.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Bathroom window, rip on the right lower edge of the window screen. The size of the rip is 1.5 inches.</p>	<p>Yes, this deficiency was corrected immediately after the surveyor's on-site visit. The torn screen in the bathroom window was removed and replaced with a new screen.</p>	<p>October 5, 2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Bathroom window, rip on the right lower edge of the window screen. The size of the rip is 1.5 inches.</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>In the future conduct regular inspection of bathroom window screens and fix any torn screens so that windows have screens with no less than sixteen meshes per inch.</p>	<p style="text-align: center;">October 5, 2016</p>

Licensee's/Administrator's Signature: Marcela Obaldo

Print Name: MARCELINA OBALDO

Date: 11/17/17

Licensee's/Administrator's Signature: Marcela Obaldo

Print Name: MARCELINA OBALDO

Date: January 31, 2019

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