

Office of Health Care Assurance

State Licensing Section

Complete Inspection Rules (Criteria)
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J. Quinabo ARCH #1	CHAPTER 100.1
Address: 1553 Kaweloka Street, Pearl City, Hawaii 96782	Inspection Date: January 28, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, <u>staffing and family requirements.</u> (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 Substitute care giver (SCG) #3, no annual physical examination. Please submit documentation with the plan of correction (POC).</p>	<p>Physical Exam was made by SCG#3 on 2/4/16. PLS find xerox copied document enclosed</p> <p>For future references, I made a chart specifically for PE, TB, CPR & First Aid to guide me yearly as to when core date and be done</p>	2/4/16
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, <u>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>FINDINGS</p>		19 JUN -

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	SCG #3, no annual tuberculosis screening clearance. Please submit documentation with the POC.	<i>Pls refer to Xerox copy provided.</i>	
☒	<p>§11-100.1-9 Personnel, <u>staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS SCG #3, no current first aid certification. Please submit documentation with the POC.</p>	<p><i>Pls refer to submitted Xerox copy provided.</i></p> <p><i>For future references, I made Xerox copies of First aid, & CPR cards and filled it in the care home chart</i></p>	
☒	<p>§11-100.1-9 Personnel, <u>staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS SCG #1, SCG #2, and SCG #3, no substitute care giver training by the PCG for safe medication administration and personal care. Please submit documentation with the POC.</p>	<p><i>substitute care giver training for safe medication administration & personal care was done 1/31/16.</i></p> <p><i>all SCG expressed understanding and ^{are} able to administer safe medication administration as well as personal care to residents.</i></p> <p><i>Pls refer a Xerox copied document provided.</i></p> <p><i>In the future, SCG training will be provided prior to working in the house.</i></p>	1/31/16
☒	<p>§11-100.1-9 Personnel, <u>staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p>		

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	<p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS SCG #3, no cardiopulmonary resuscitation certification. Please submit documentation with the POC.</p>	<p>SCG completed CPR training. Also find the xerox copy of the card enclosed. In the future, I will make extra copies of CPR & First Aid certificates a file file on the Care Home chart.</p>	<p>2/20/16</p>
<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS No plastic sleeves for one (1) battery operated thermometer.</p>	<p>Bought new packs of thermometer sleeves. I kept these packs of sleeves with the thermometer together on the Emergency kit in easy accessibility</p>	<p>2/4/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition. (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>FINDINGS Current menu not posted in the resident dining area or in the kitchen.</p>	<p>15 CYCLE</p> <p>1 MENUS POSTED ON DINING AREA.</p> <p>2 EVERY SUNDAY, THE MENU IS TURNED TO NEW CYCLE BY POC.</p> <p>3 MADE A LIST OF WHAT TO MONITOR EACH TIME I VISIT THE HOME FOR SPOTCHECK</p>	<p>4/24/19</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p>FINDINGS</p>		

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	<p>Resident #1, no verbal orders from the physician for a special diet. Progress note dated 01/26/16 reads, "Resident had a modified barium swallow test today and a speech therapist evaluation. The speech therapist recommended pureed food and thin liquids." Primary Care Giver (PCG) states "resident has had pureed foods since 01/26/16". Obtain physician order for pureed diet. Submit documentation with the POC.</p>	<p>CALL MD OFFICE RIGHT AWAY AND OBTAIN A VERBAL ORDER ON WHAT TYPE & TEXTURE OF DIET THE PATIENT SHOULD HAVE. I WILL WRITE THE ORDER ON PHYSICIAN NOTES. THEN HAVE IT SIGNED ON THE NEXT DOCTOR'S VISIT.</p>	<p>4/24/19</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 Food sanitation. (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 Two (2) bottles of toxic chemicals (bleach) unsecured in the carport.</p>	<p>The 2 bottles of bleach were placed on a locked cabinet right away. Instructed SCG that whenever using the bleach to make sure to put it back to the locked cabinet, lock it right away.</p>	<p>1/28/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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 Medication placed in the following unsecured areas: 1. Refrigerator door, eye drops, and 2. First aid kit, over the counter medications.</p>	<p>Bought a pouch bag that can be locked w/ padlock from Walmart. Placed the eye drops on it & locked it. Then keep it on the refrigerator. First Aid kit & OTC meds are now kept on the medicine cabinet locked. Instructed SCG/PCG to keep all medicines as well as First Aid kit on the medicine cabinet and lock it after each use.</p>	<p>2/4/16 2/4/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p>		

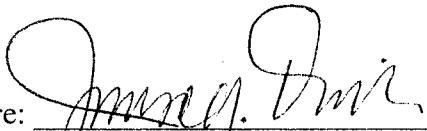
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	<p>FINDINGS Topical (CVS Diaper Rash Ointment) ointment was not segregated from other medications in Resident #1's medication bin.</p>	<p>Bought another bin at walmart for the rash ointment. Instructed SGC to use new bin for any other ointments for Resident #1 & keep it in the locked cabinet</p>	<p>2/4/16</p>
<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS Resident #1, physician order dated 05/19/15 reads, "Amlodipine QD – hold if SBP <110 and HR <60." However,</p> <ol style="list-style-type: none"> 1. No parameter documented in the medication administration record (MAR). PCG transcription to the MAR reads, "Amlodipine Bisulfate 2.5 mg one tablet daily". 2. On 08/12/15 SBP=106; medication made available. 3. On 08/22/15 HR=56; medication made available. 4. On 08/23/15 HR=58; medication made available. 5. On 08/25/15 SBP=108 and HR=54; medication made available. 	<p>I made a BP form and provided to SGC/PCG for BP monitoring log, where to write daily Blood Pressure reading and file it on the Resident's chart.</p>	<p>2/6/16</p>
<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS Resident #1, no physician order to "crush" medication; however, PCG states that two (2) medications (Vit D3 1,000 one tablet BID and Fexofenadine HCL one tablet daily) are</p>	<p>① HAVE ALL EVALUATION OF CHANGES OF CLIENT WRITTEN DOWN ② MAKE APPOINTMENT WITH PCP ③ PRESENT & DISCUSS CHANGES WITH PCP, SPECIFICALLY IF PATIENT IS HAVING HARD TIME SWALLOWING MEDICATIONS. ④ ASK PCP IF MEDICATIONS CAN BE CRUSHED/PULVERIZED, OR DOES HE HAVE ANY RECOMMENDATIONS. ⑤ HAVE PCP WRITE ORDER ON PHYSICIAN NOTES. ORDER SHOULD SPECIFY WHAT MEDICATIONS NEED TO</p>	

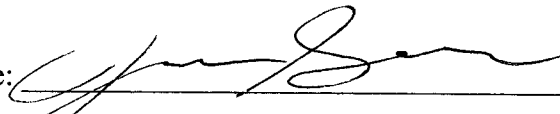
	Rules (Criteria)	Plan of Correction	Completion Date
	<p>crushed. Obtain physician order to crush medication and submit documentation with the POC.</p>	<p>TO BE CRUSHED OR PULVERIZED. ⑥ FILE DOCUMENT ON RESIDENT FOLDER</p>	<p>4/24/19</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (j) Medication shall be offered only to the resident for whom it is ordered.</p> <p>FINDINGS Over-the-counter medication in the first aid kit as follows without physician orders:</p> <ol style="list-style-type: none"> 1. Burn cream, 2. Aspirin, 3. Antacid, and 4. Non-Aspirin. 	<p>Removed the burn cream, Aspirin, Antacid & non-aspirin medications right after inspection. In the future, if I buy new First aid kit, I will remove all these medications right away.</p>	<p>1/28/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (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, physician order reads, "Zinc Oxide 40% apply to area of irritation 4x a day PRN for rash." Medication record reflects medication made available four times daily from 05/12/15 through 05/19/15; however, no documentation for resident need or response to ointment recorded in the progress notes.</p>	<p>I WILL INDICATE ON MY PROGRESS NOTES AS WELL AS MEDICATION RECORD THAT PATIENT RESPONDED WELL AFTER TREATMENT</p>	<p>4/23/19</p>

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☒	<p>§11-100.1-17 Records <u>and reports.</u> (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p>FINDINGS Resident records stored in a file cabinet; however, the cabinet locking device does not lock.</p>	<p>Bought new pad lock from walmart for the file cabinet. I changed the non working pad lock right away, and will do the same in the future.</p>	<p>2/4/16</p>
☒	<p>§11-100.1-23 Physical <u>environment.</u> (g)(3)(1) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Three (3) residents certified as non-self preserving; 1. Resident #1, certificate dated, 09/01/15 reads, "not capable of following directions and taking</p>	<p>① WRITE ON PROGRESS NOTES THAT PT IS NEEDING MORE HELP IN GETTING OUT OF THE CARE HOME DURING FIRE DRILLS DUE TO PHYSICAL & MENTAL INCAPACITY.</p> <p>② INFORM MD ABOUT CONCERNS OF RESIDENT NOT CAPABLE OF PRESERVING HERSELF IN CASE OF FIRE. ASK MD TO RECERTIFY RESIDENT AS NON PRESERVING.</p> <p>③ INFORM FAMILY THAT THERE IS A CHANGE IN CLIENT'S INDEPENDENCE, THAT CAN NOT GET OUT OF CARE HOME IN CASE OF FIRE DUE TO PHYSICAL & MENTAL INCAPACITY.</p> <p>④ EXPLAIN FAMILY THAT MY LICENSE CAN NOT ALLOW ME TO HAVE ONLY 2 NON PRESERVING CLIENTS AT ALL TIME.</p>	<p>4/24/19</p>

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	<p>appropriate action for self-preservation under emergency conditions;</p> <p>2. Resident #2, certificate dated, 10/06/15 reads, non-self preserving; and</p> <p>3. Resident #4, certificate dated, 01/05/16 reads, non-self preserving.</p>	<p>⑤ GIVE THEM A WRITTEN ^{30 DAYS} NOTICE AND HELP THEM LOOK FOR ANOTHER CARE HOME FACILITY.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Battery operated signaling device mounted on the wall next to five (5) resident beds. Batteries tested; however, there is no signal when the button is pushed to activate the wall device.</p>	<p>Bought new batteries and replaced old ones from the signaling device. I also bought extra pack of batteries and keep them on hand for immediate use as replacements. I will be checking signaling devices daily and replace dead batteries right away.</p>	<p>2/11/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Requirements for twelve hours of annual continuing</p>	<p>SCG #2 & #3 completed 4 more hours of continuing education on 2/3/16. And for future reference, I will keep a xerox copy of all completed certificates & file it on care home chart.</p>	<p>2/3/16</p>

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	education were not met as follows: 1. SCG #2, eight (8) hours completed. Please submit documentation for four (4) additional hours. 2. SCG #3, zero (0) hours completed. Submit documentation for twelve (12) hours. <u>Hours credited towards 2015 annual inspection year.</u>	<i>Please refer to previous page for correction.</i>	2/3/16

Licensee's/Administrator's Signature: 
 Print Name: JESSICA QUINABO
 Date: 5/19/14

Licensee's/Administrator's Signature: 
 Print Name: Jerwin Guillermo
 Date: 4/24/19