Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Castanaga, Imelda (ARCH/Expanded ARCH)	**CHAPTER 100.1**
Address: **94-972 Lumimoe Street, Waipahu, Hawaii 96797**	**Inspection Date: August 7, 2018 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-8 Primary care giver qualifications. (a)(12) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: If it is deemed necessary by the department, be examined by a physician and/or mental health professional as a condition for continued licensure. The examination shall be specifically oriented to determine if the primary care giver is physically and/or mentally capable of caring for the residents; **FINDINGS** Primary care giver, no evidence of a current physical examination.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Physical Examination done 8/12/18 but not complete at time of inspection. Enclose a copy Put in the binder.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-8 Primary care giver qualifications. (a)(12) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: If it is deemed necessary by the department, be examined by a physician and/or mental health professional as a condition for continued licensure. The examination shall be specifically oriented to determine if the primary care giver is physically and/or mentally capable of caring for the residents; **FINDINGS** Primary care giver, no evidence of a current physical examination.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 1) Make a note on your calender for next PE. Physical Examination 2) will be scheduled before the due date every year	8/12/14

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-12 Emergency care of residents and disaster preparedness. (a)(3) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following: Response to disasters which would include evacuation, emergency shelters, and food supply, and as directed by the Civil Defense. **FINDINGS** No emergency supply of water as directed by civil service. Five (5) persons living in the home, one (1) five-gallon water container available. Repeat citation (2016, 2017).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Water dispenser w/ 5 count 15 gallon of water ~~pesticide~~ purchase + made available	8/15/18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-12 Emergency care of residents and disaster preparedness. (a)(3) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following: Response to disasters which would include evacuation, emergency shelters, and food supply, and as directed by the Civil Defense. **FINDINGS** No emergency supply of water as directed by civil service. Five (5) persons living in the home, one (1) five-gallon water container available. Repeat citation (2016, 2017).	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I had a contract w/ the water company to buy water every 2 weeks. 8/15/18	

	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 not maintained. No sling available.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY.** I purchase a Sling at Longs Drugs replace it & put in First Aid kit.	8/10/18

	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 not maintained. No sling available.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will use a check list to maintain the first aid kit during the first week of every month.	8/10/18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident dining area, menu covered by the resident activity schedules. Menu did not reflect current menu (Cycle 2.)	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I put the menu in the current + posted in the dining room so residents can see it	8/9/18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident dining area, menu covered by the resident activity schedules. Menu did not reflect current menu (Cycle 2.)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I flip the menu every Sunday & posted in the kitchen & dining area for the dietitian. And my substitute will check that I completed my plan.	8/19/18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Unsecured medications. resident medications unsecured, on table in anticipation of the annual inspection. Repeat citation (2016.)	**PART 1** Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Unsecured medications. resident medications unsecured, on table in anticipation of the annual inspection. Repeat citation (2016.)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will review w/ my substitute & return the medication to cabinet & locked. When they bring the medication to my home & lock in a cabinet immediately.	8/9/18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Unsecured and unlabeled medications as follows: 1. Bedroom #1, tubes of "Clobetasol Propionate Cream USP, 005%," unsecured on dresser. 2. Bedroom #2, pharmacy labeled bottle inside the dresser drawer. Name printed on label does not match current resident. Bottle contains 17 assorted pills; seven (7) yellow pills, four (4) white tablets, one (1) blue tablet and five (5) "Bayer" pills. Repeat citation (2017.)	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Medications were removed from Room 1 - Room 2	8/9/18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Unsecured and unlabeled medications as follows: 1. Bedroom #1, tubes of "Clobetasol Propionate Cream USP, 005%," unsecured on dresser. 2. Bedroom #2, pharmacy labeled bottle inside the dresser drawer. Name printed on label does not match current resident. Bottle contains 17 assorted pills; seven (7) yellow pills, four (4) white tablets, one (1) blue tablet and five (5) "Bayer" pills. Repeat citation (2017.)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Routine cleaning on all cabinets, drawers, closets & rooms that everything is clean. 1) Inform clients that you can not bring any medications that not prescribed by the doctor. 2) medications not in use should be smashed up w/ food & discard it.	8/9/18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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. **FINDINGS** Records unsecured, on table in anticipation of the annual inspection. Repeat citation (2016, 2017.)	**PART 1** Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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. **FINDINGS** Records unsecured, on table in anticipation of the annual inspection. Repeat citation (2016, 2017.)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Cabinet for the client record is always locked. Chart only taken out if the nurse consultant is there to check the records. Always check the cabinet if it locked after use.	8/10/18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; **FINDINGS** Permanent general register is incomplete. First page lists four (4) discharged residents and one (1) current resident. Next page lists three (3) current residents.	**PART 1** Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; **FINDINGS** Permanent general register is incomplete. First page lists four (4) discharged residents and one (1) current resident. Next page lists three (3) current residents.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG will keep a permanent general register in the locked up cabinet. PCG will use an admission to remember to register new resident. For discharge PCG will record where resident went + condition on the same day of discharge	8/10/18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (e) Resident living areas shall be designed and equipped for the safety, comfort, and privacy of the resident; **FINDINGS** Bedroom #1, closet door slides off the track when opened.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** My husband already fix the closet track it's working.	8/9/18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (e) Resident living areas shall be designed and equipped for the safety, comfort, and privacy of the resident; **FINDINGS** Bedroom #1, closet door slides off the track when opened.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 1) Everytime you clean you always check door if it off the track. 2) Try open + close if it working properly.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(F) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Smoking shall be permitted only in approved areas where proper equipment and supervision is provided; **FINDINGS** Outdoor smoking area available but is not reflected in the General Operational Policy (GOP.) Licensee did not update the GOP. Page 2 of the GOP reads, "Smoking only under supervision in living room or lanai." Repeat citation (2016.)	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** On GOP pg 2 change to Smoking area in the back of the home.	8/9/18

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☒	§11-100.1-23 Physical environment. (g)(3)(F) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Smoking shall be permitted only in approved areas where proper equipment and supervision is provided; **FINDINGS** Outdoor smoking area available but is not reflected in the General Operational Policy (GOP.) Licensee did not update the GOP. Page 2 of the GOP reads, "Smoking only under supervision in living room or lanai." Repeat citation (2016.)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will review the requirements w/ my resident regularly.	8/10/18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (h)(1)(B) 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. Housekeeping: After discharge of any resident, the bed, bed furnishings, bedside furniture and equipment shall be thoroughly cleansed prior to subsequent resident admission; **FINDINGS** Bedroom #1, discharged resident's belongings remain in the closet since discharge (8/3/14.)	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I empty the closet. in Room. 1	8/9/18

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☒	§11-100.1-23 Physical environment. (h)(1)(B) 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. Housekeeping: After discharge of any resident, the bed, bed furnishings, bedside furniture and equipment shall be thoroughly cleansed prior to subsequent resident admission; **FINDINGS** Bedroom #1, discharged resident's belongings remain in the closet since discharge (8/3/14.)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Substitute clean the room Get permission to dispose if sign allowing donation. Review Inventory Possession w/ Resident at discharge.	8/9/18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms: Bedroom furnishings: Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident; **FINDINGS** No plastic pliable pillow protector for Bedroom #1 (Bed #2) and Bedroom #2 (Bed #2.)	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Client does not want pillow protector because it's hot. Put client's name on the pillow so he knows that pillow belongs to him.	8/8/18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms: Bedroom furnishings: Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident; **FINDINGS** No plastic pliable pillow protector for Bedroom #1 (Bed #2) and Bedroom #2 (Bed #2.)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Client name is written on the pillow so he knows that pillow belongs to him.	8/18/18

Licensee's/Administrator's Signature: Imelda B. Castanaga

Print Name: IMELDA B. CASTANAGA

Date: 2/27/19

Licensee's/Administrator's Signature: Imelda B. Castanaga

Print Name: IMELDA B. CASTANAGA

Date: 6/24/19

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