

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fiesta, Floreliza (E-ARCH)	CHAPTER 100.1
Address: 94-232 Lehoula Place, Waipahu, Hawaii 96797	Inspection Date: April 9, 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.

STATE LICENSING SECTION
19 APR 17 3:40
RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Medication for Resident #1 and Resident #2 was not in a separate locked container in a refrigerator.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> yes</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I bought a lock boxes for each client or resident #1 and resident #2. Properly labeled and stored in a refrigerator.</i></p>	<p style="text-align: center;"><i>4/10/19</i></p> <p style="text-align: center;">19 APR 17 PM 4:10</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Medication for Resident #1 and Resident #2 was not in a separate locked container in a refrigerator.</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>① Bought 5 lock box for each residents.</p> <p>② Properly labelled 5 lock box for each residents.</p> <p>③ Trained all my substitutes that medications requires storage in a refrigerator shall be properly labelled and kept in a separate lock container.</p>	<p style="text-align: right;">6/2/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Resident #1 – Bactroban ointment and Hydrocortisone cream were stored with oral medication in the same container.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I put it in a separate box right away.</i></p>	<p style="text-align: center;"><i>4/9/19</i></p> <p style="text-align: right; font-size: small;">19 APR 17 13:10</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Resident #1 – Bactroban ointment and Hydrocortisone cream were stored with oral medication in the same container.</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>① Bought 5 more compartments for medication storage</p> <p>② Ensure to use 2 compartments for each residents, one for external or internal use.</p> <p>③ Properly labelled their names for each residents.</p> <p>④ Trained all my substitutes that separate compartments shall be provided for each residents' medications and they shall be separated accordingly, to external or internal use.</p>	<p style="text-align: right;">a/2/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Per PCG, Lantus Solostar was administered as prescribed; however, not initialed from 1/28/19 to 1/31/19 in the medication administration record.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY.</p> <p style="text-align: center;"><i>I initialed late entry.</i></p>	<p style="text-align: center;"><i>4/9/19</i></p> <p style="text-align: center;">19 APR 17 P3:10</p> <p style="text-align: center;">RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Per PCG, Lantus Solostar was administered as prescribed; however, not initialed from 1/28/19 to 1/31/19 in the medication administration record.</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>I will make sure to checked out the medications and supplements recorded on the resident's medication record with date, time, name of drug and dosage and initialed it by me, by the end of the day.</i></p>	<p style="text-align: center;"><i>4/9/19</i></p> <p style="text-align: right;">19 APR 17 03:10</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> 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><u>FINDINGS</u> Resident #2 – White correction tape was used in the current physical exam form.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">19 APR 17 13:10</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (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.</p> <p><u>FINDINGS</u> Electric plate on the wall by the closet in Bedroom #4 was cracked.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>my husband changed it right away.</i></p>	<p style="text-align: right;"><i>4/9/19</i></p> <p style="text-align: right;">19 APR 17 PM 11</p> <p style="text-align: right;">STATE OF VERMONT STATION 1</p> <p style="text-align: right;">RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documentation that shows the training for management of hypoglycemia and hyperglycemia was provided to PCG.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I communicate with my case manager to train us for management of hypoglycemia and hyperglycemia. She responded to do it next visit which is next month.</i></p>	<p style="text-align: right;"><i>4/9/19</i></p> <p style="text-align: right;">19 APR 17 P3:10</p> <p style="text-align: right; font-size: small;">STATE OF OHIO DEPARTMENT OF HEALTH STATE BUREAU</p>

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Licensee's/Administrator's Signature: Florencia C. Fiesta
Print Name: FLORENCIA C. FIESTA
Date: 4/10/19

Licensee's/Administrator's Signature: Florencia C. Fiesta
Print Name: FLORENCIA C. FIESTA
Date: 6/2/19

STATE OF CALIFORNIA
DEPARTMENT OF
STATE LICENSING

APR 17 03:10

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