Office of Health Care Assurance

**State Licensing Section**

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| **Facility's Name: Obrero, Esperanza (ARCH)** | **CHAPTER 100.1** |
| **Address:**<br>**1609 Maliu Street, Honolulu, Hawaii 96819** | **Inspection Date: September 10, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements.<br>(b)<br>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.<br><br>**FINDINGS**<br>Substitute Care Giver (SCG) #1- Records show that SCG has been getting Tuberculosis (TB) test annually and has a record of a negative 2-step TB test. However, current TB documentation shows symptom screen signed by MD and SCG has no record of positive TB test and CXR. TB clearance on record is invalid. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>SCG#1 obtain an annual TB clearance of valid record. | Sept 19, 2019 |

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| ☒ | §11-100.1-9 Personnel, staffing and family requirements.<br>(b)<br>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.<br><br>**FINDINGS**<br>Substitute Care Giver (SCG) #1- Records show that SCG has been getting Tuberculosis (TB) test annually and has a record of a negative 2-step TB test. However, current TB documentation shows symptom screen signed by MD and SCG has no record of positive TB test and CXR. TB clearance on record is invalid. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>Plan for the future,<br>Make sure on Doff Calendar<br>A check list reminder 2 to<br>3 months before inspection | Sept. 24, 2019 |

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|---|---|---|---|
| ☒ | §11-100.1-10 Admission policies. (a)<br>Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.<br><br>**FINDINGS**<br>Resident #1 was readmitted on June 7, 2019. Physician signed the level of care assessment form; however, physician did not indicate the resident's current level of care. Level of care form not valid. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Resident #1 obtain LOC signed by PCP, ARCH LOC a copy in resident binder. | Sept 19, 2019 |

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| ☒ | §11-100.1-10 Admission policies. (a)<br>Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.<br><br>**FINDINGS**<br>Resident #1 was readmitted on June 7, 2019. Physician signed the level of care assessment form; however, physician did not indicate the resident's current level of care. Level of care form not valid. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>In the future I will make a check list and review to make sure, Physician signed the leve of care assessment form prior to resident admission. | Sept 24, 2019 |

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| ☒ | §11-100.1-17 Records and reports. (a)(1)<br>The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:<br><br>Documentation of primary care giver's assessment of resident upon admission;<br><br>**FINDINGS**<br>Resident #1- No documentation that primary care giver (PCG) completed a readmission assessment. | **PART 1**<br><br>**Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** | |

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| ☒ | §11-100.1-17 Records and reports. (b)(3)<br>During residence, records shall include:<br><br>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;<br><br>**FINDINGS**<br>Resident #1- No records of progress notes completed by PCG since readmission of June 7, 2019. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>I will resume documenta-tion on progress note for Resident #1 effective imme-diately. | Sept 24, 2019 |

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Licensee's/Administrator's Signature: Esperanza T. Obrero

Print Name: ESPERANZA T. OBRERO

Date: Sept. 24, 2019