STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Estabillo Adult Residential Care Home	**CHAPTER 100.1**
Address: **92-691 Paakai Street, Kapolei, Hawaii 96707**	**Inspection Date: February 5, 2020 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
☒	§11-100.1-13 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. **FINDINGS** Resident #1 - "Diabetic diet" ordered since 6/28/19; however, the diet order is a non-standard diet order. The diet order needs to be clarified	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Internal and external medication were not separated. Oral medication, eye drops, cream for rashes, antifungal shampoo and topical corticosteroid drops were not separated.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 - Progress notes did not include observations of the following: • 12/2/19 - Physician office visit note indicated coughing since yesterday. Oral antibiotics, cough syrup and inhaler for wheezing ordered. No observations of the change in condition, tolerance and response to medication. • 10/25/19 - Resident taken to the emergency room for abdominal pain. Clear liquid diet x 24 hours ordered; however, no documentation if carried out. No documentation regarding the resident's tolerance to the clear liquid diet and when the abdominal pain resolved. • 7/22/19 - The dentist noted "it seems like pt has not been rinsing mouth with Peridex BID as instructed." Recommended cooked vegetables, smoothies and stewed dishes; however, there was no documentation that the recommendations were carried out/followed. No documentation of the resident's compliance with the oral rinse. • No observations of the resident's tolerance and compliance to diet.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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☒	§11-100.1-17 Records and reports. (h)(3)(B) Miscellaneous records: When day care clients are permitted in a Type I ARCH, records shall be maintained and include: Medication and diet or supplement orders; **FINDINGS** Day care resident - Medication orders were incomplete. No medication record.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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☒	§11-100.1-17 Records and reports. (h)(3)(D) Miscellaneous records: When day care clients are permitted in a Type I ARCH, records shall be maintained and include: Progress notes, as appropriate. **FINDINGS** Day care resident - No progress notes regarding when day care services provided, behaviors exhibited.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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☒	§11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. **FINDINGS** Substitute care givers (SCG) - No documentation of training by the primary care giver to provide health care as prescribed by the physician.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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☒	§11-100.1-20 Resident health care standards. (b) The primary and substitute care giver shall utilize standard precautions in the provision of personal care to the residents. **FINDINGS** SCGs - No documentation of training in utilizing standard precautions in the provision of personal care to the residents.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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☒	§11-100.1-20 Resident health care standards. (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out. **FINDINGS** SCGs - No documentation of training for recognizing significant changes in mental or physical well-being. No training for behavior management.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate; **FINDINGS** Resident #1 - Rates were not specified. There was a range noted.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____