

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jerez Care Home	CHAPTER 100.1
Address: 24 Puukani Street, Kahului, Hawaii 96732	Inspection Date: February 6, 2020

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
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, 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 #3, no evidence of annual physical examination. However, provided services during vacation leave (12/24/19 – 12/30/19).</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b)</p> <p>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 No evidence of tuberculosis (TB) Clearance as follows:</p> <ul style="list-style-type: none"> • Substitute care giver #2, no evidence of <u>initial two-step TB skin test</u> prior to contact with residents. • Household Member #1 (one step TB skin test) • Substitute Care Giver #3, provided services during vacation leave (12/24/19 – 12/30/19). <p>Please submit with plan of correction, TB Clearance for substitute care giver #2 (2-step TB Clearance) and for Household Member #1 (1-step TB Clearance).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>when I was told that subs. caregiver #2 needs initial two-step TB skin test and household member #1 needs one-step TB skin test:</p> <p>① Subs. caregiver #2 was notified to her 2nd step done.</p> <p>② Parents of household member #1 were told to have one-step TB skin test done in lim.</p> <p>③ Subs. caregiver #3's record for TB skin test (positive) x-ray and TB chest x-ray was done by the doctor was found, and was kept in the ARCH folder.</p> <p>④ Schedule for TB skin test for subs. caregiver #2 and household member #1 was done.</p> <p style="text-align: right;">02-20-2020</p>	<p style="text-align: center;">Yes</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, 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><u>FINDINGS</u> Substitute Care Giver #3, no evidence of first aid certificate. However, provided services for leave (12/24/19 – 12/30/19).</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;"> <small>STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STANDARD 11-100.1-9 12-24-19 2:21 PM '19</small> </p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, 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><u>FINDINGS</u> Substitute Care Giver #3, no evidence of primary care giver training. However, services provided (12/24/19 – 12/30/19).</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, 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: Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> Substitute Care Giver #3, no evidence of cardiopulmonary resuscitation certificate. However, provided services during vacation leave (12/24/19 – 12/30/19).</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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><u>FINDINGS</u> Resident #1, Progress notes do not address a change in weight of 18 pounds or action to notify provider during the prior year.</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>	

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<input checked="" type="checkbox"/>	<p>11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Discharged Resident #1, no evidence of incident report of two (2) assaults by the resident to the primary care giver in 2019.</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;">2019 2019 2019</p>

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Licensee's/Administrator's Signature: Leonora Jerez

Print Name: LEONORA JEREZ

Date: 21 February, 2020

20 FEBRUARY 2020
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