

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Abad, Edna (ARCH)	CHAPTER 100.1
Address: 98-312 Kaluamoi Drive, Pearl City, Hawaii 96782	Inspection Date: April 16, 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) 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>§11-100.1-13 <u>Nutrition</u>. (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.</p> <p><u>FINDINGS</u>            No display of the current menu in the dining area on a Thursday for the residents and department to review.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>PUT AND DISPLAY CURRENT MENUS IN THE DINING ROOM FOR THE RESIDENTS AND DEPARTMENT TO REVIEW.</i></p>	<p><i>4/16/20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (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.</p> <p><u>FINDINGS</u> No display of the current menu in the dining area on a Thursday for the residents and department to review.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>TO PREVENT THIS TO HAPPEN AGAIN IN THE FUTURE, USING A CYCLE MENU, AS A PRIMARY CARE GIVER #1, CHECK THE MENUS EVERY DAY, MAKE A CHECK LIST THAT THE MENUS ARE CHECK TO DATE IN THE KITCHEN AND THE RESIDENT DINING AREA.</p>	<p>7/20/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><b><u>FINDINGS</u></b> No metal stem thermometer available for checking cold food temperatures.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>METAL STEM THERMOMETER NOW AVAILABLE FOR CHECKING COLD FOODS TEMPERATURES AT THE KITCHEN AREA.</i></p>	<p><i>4/18/20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><b><u>FINDINGS</u></b> No metal stem thermometer available for checking cold food temperatures.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>TO PREVENT THIS TO HAPPEN AGAIN IN THE FUTURE, AS A PRIMARY CARE GIVER # 1, MAKE A CHECK LIST TO CHECK THE THERMOMETER EVERYDAY AT THE KITCHEN AREA FOR MEASURING HOT AND COLD FOOD TEMPERATURES.</p>	<p style="text-align: center;">7/20/20</p> <p style="text-align: center;">10/10/2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Unsecured and not properly labeled chemical. Available lock under the kitchen sink was not in force. <u>Secondary container</u> (mouthwash bottle) marked "Bleach."</p> <p>Please use a smaller container of bleach as the secondary container or affix a clearly marked label to ensure safety.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>PROVIDE AND HAVE PROPERLY LABELED CHEMICAL IN ORIGINAL BOTTLE. LOCKED IN PLACE UNDER THE SINK ALL THE TIME AFTER USE.</i></p>	<p style="text-align: center;"><i>4/18/20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Unsecured and not properly labeled chemical. Available lock under the kitchen sink was not in force. <u>Secondary container</u> (mouthwash bottle) marked "Bleach."</p> <p>Please use a smaller container of bleach as the secondary container or affix a clearly marked label to ensure safety..</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">TO PREVENT THIS TO HAPPEN AGAIN IN THE FUTURE, AS A PRIMARY CARE GIVER #1, MAKE A CHECK LIST, CHECK AND USE ONLY THE BLEACH IN THE ORIGINAL CONTAINER FROM NOW ON AND LOCKED IN THE SECURED CABINET AFTER EACH USE.</p>	<p style="text-align: right;">7/20/20</p> <p style="text-align: right;">2020-07-20 12:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><b><u>FINDINGS</u></b>  Resident #1, medication unsecured as follows:</p> <ol style="list-style-type: none"> <li>1. Labeled eye drops on the kitchen counter</li> <li>2. Medication cabinet lock not in force</li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>PUT MEDICATION IN THE CABINET AND LOCKED IN PLACE.</i></p>	<p style="text-align: center;"><i>4/16/20</i></p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><b><u>FINDINGS</u></b>  Resident #1, medication unsecured as follows:</p> <ol style="list-style-type: none"> <li>1. Labeled eye drops on the kitchen counter</li> <li>2. Medication cabinet lock not in force</li> </ol>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>TO PREVENT THIS TO HAPPEN AGAIN IN THE FUTURE, AS A PRIMARY CARE GIVER #1, INSTRUCT AND INFORM CAREGIVERS AFTER ADMINISTRATION OF MEDICATIONS TO PUT BACK THE MEDICINES, IN THE MEDICINE CABINET AFTER USE AND LOCKED.</p>	<p style="text-align: right;">7/20/20</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><b><u>FINDINGS</u></b>  Resident #1, no evidence in the medication administration record (MAR) of initials since April 7, 2020 to indicate care givers who made medications available.</p> <p>Please submit evidence of initials with the plan of correction (POC) in one page of the MAR by the caregiver who makes medication available when the PCG is not available.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1, no evidence of a schedule of activities.</p> <p>Submit evidence of a schedule of activities with the POC.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>MADE A NEW SCHEDULE OF ACTIVITIES FOR THE RESIDENT, AND EVERY RESIDENT NEED TO HAVE IT.</i></p>	<p style="text-align: center;"><i>4/17/20</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b>            Resident #1, emergency care (5/13/20) rendered; however, no evidence of progress note or incident report available.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><b>FINDINGS</b> Bedroom #1, half of the closet in a licensed and occupied bedroom used for storage of licensee's personal items.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>IN BEDROOM #1, PUT AWAY ALL THE PERSONAL ITEMS AND CLEANED UP THE CLOSET.</i></p>	<p><i>4/19/20</i></p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><b><u>FINDINGS</u></b> Bedroom #1, half of the closet in a licensed and occupied bedroom used for storage of licensee's personal items.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>TO PREVENT THIS TO HAPPEN AGAIN IN THE FUTURE, AS A PRIMARY CARE GIVER #1, MAKE A CHECK LIST TO CHECK EVERY DAY THE BEDROOMS CLOSET OF THE RESIDENTS ALL THE TIME CLEAN FOR THEIR OWN USE ONLY.</p>	<p>7/22/20</p>

Licensee's/Administrator's Signature: Edna J. Abad

Print Name: EDNA J. ABAD

Date: 5/22/2020

Licensee's/Administrator's Signature: Edna J. Abad

Print Name: EDNA J. ABAD

Date: 7/27/2020