

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Angel Home For Seniors	CHAPTER 100.1
Address: 1315 Kupau Street, Kailua, Hawaii 96734	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) 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>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, and SCG #2 – Documentation of E-Crim background check unavailable for review. Submit a copy of E-Crim background checks for staff.</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 style="text-align: center;"><i>See attached</i></p>	

11-100.1-3 Licensing (b)(1)(1)
Application. -- Part 1

2.27.2020 -- I obtained a E-Crim background documents for PCG, SCG #1 and SCG #2. Copies are attached. *Allen*

SCG = sub-care giver/PCG =primary care giver/PCP = primary care physician/CM = case manager

11-100.1-3 Licensing (b)(1)(1)

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, and SCG #2 – Documentation of E-Crim background check unavailable for review. Submit a copy of E-Crim background checks for staff.</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 style="text-align: center;"><i>see attached</i></p>	

Application. – Part 2

To prevent this from happening again, I will make a new hire employee check list. I will give the blank new hire check list and documents to the new hire and have the new employee complete and turn in 3 days before starting date. I will not start a new hire if the check list is incomplete.

A handwritten signature in black ink, appearing to be 'C. De' followed by a horizontal line.

SCG = sub-care giver/PCG =primary care giver/PCP = primary care physician/CM = case manager

	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><u>FINDINGS</u> Clorox wipes, and aerosol stone and granite cleaning agents, stored unsecured on the kitchen counter.</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 style="text-align: center;"><i>see attached</i></p>	

11-100.1-14 Food Sanitation. (F)

Part 1

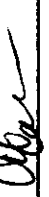
2.5.2020 – Took Clorox wipes and aerosol stone and granite cleaning agents and lock them under the kitchen cabinet. 

SCG = sub-care giver/PCG =primary care giver/PCP = primary care physician/CM = case manager

11-100.1-14 Food Sanitation. (F)

	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><u>FINDINGS</u> Clorox wipes, and aerosol stone and granite cleaning agents, stored unsecured on the kitchen counter.</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 style="text-align: center;"><i>see attached</i></p>	

Part 2

To prevent this from happening again, PCG will re-train all caregivers to lock all toxic chemicals and cleaning agents as soon as they are done using the cleaning agents. PCG will assign one SCG to be responsible in locking all toxic chemical and cleaning agents and PCG will follow up and spot check on a daily basis up . 

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Centrum Silver Multivitamin bottle with label stating, “Give 1 tab daily” in resident’s medication inventory and being administered without physician’s order. Submit a copy of the physician’s order for multivitamin administration.</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 style="text-align: center;"><i>see attached</i></p>	

11-100.1-15 Medication (e)

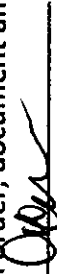
Part 1

2.6.2020 – Called Resident #1 PCP to verify and obtain written order for the Centrum Silver Multivitamin. Copy is attached. Allen

SCG = sub-care giver/PCG =primary care giver/CM = case manager

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Centrum Silver Multivitamin bottle with label stating, “Give 1 tab daily” in resident’s medication inventory and being administered without physician’s order. Submit a copy of the physician’s order for multivitamin administration.</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 style="text-align: center;"><i>see attached</i></p>	

11-100.1-15 Medication (e)
Part 2

To prevent this from happening again, I will ensure to verify all document and medication orders when admitting a new Resident. I will make a check list to verify all orders are documented and signed. If there is a discrepancy I will call Resident PCP to verify and obtain a verbal order, document and have the PCP sign the telephone order on the next clinic visit. 

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>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:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><u>FINDINGS</u> Resident #1 – A signed copy of the care home's policy and procedures (P&P) by resident or resident's representative unavailable for review. Submit a copy of the signed P&P.</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 style="text-align: center;"><i>see attached</i></p>	

11-100.1-21 Residents' and Primary care givers' rights and responsibilities (a)(1)(A)

Part 1

2.5.2020 – I placed the signed copy to the Resident #1 care home folder. Copy is attached.

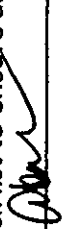
Orde

SCG = sub-care giver/PCG =primary care giver/PCP =primary care physician/CM case manager

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>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:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><u>FINDINGS</u> Resident #1 – A signed copy of the care home's P&P by resident or resident's representative unavailable for review. Submit a copy of the signed P&P.</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 style="text-align: center;"><i>see attached</i></p>	

11-100.1-21 Residents' and Primary care givers' rights and responsibilities (a)(1)(A)

Part 2

To prevent this from happening again I will place all signed policy and procedures to the Resident folder right away after it's signed. I will make a PCP check list to ensure all document are completed and file properly in the right orders and folders. 

SCG = sub-care giver/PCG =primary care giver/PCP =primary care physician/Cm = case manager

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements</u>. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 – Documentation of pneumococcal vaccination received or refused unavailable for review. Provide a copy of vaccination received (proof of vaccination from medical provider) or refused (signed by physician or resident's representative).</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 style="text-align: center;"><i>See attached</i></p>	

11-100.1-84 Admission requirements (b)(4)

Part 1

2.10.2020 – Called Resident #1 PCP to verify why Resident #1 didn't have a current pneumococcal vaccination, PCP will write a letter to why Resident #1 don't have current vaccination because she has not seen a doctor for a period of time, medical condition and resident refusal.

Copy is attached. 


SCG = sub-care giver/PCG =primary care giver/PCP =primary care physician

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements</u>. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 – Documentation of pneumococcal vaccination received or refused unavailable for review. Provide a copy of vaccination received (proof of vaccination from medical provider) or refused (signed by physician or resident’s representative).</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 style="text-align: center;"><i>See attached</i></p>	

11-100.1-84 Admission requirements (b)(4)

Part 2

To prevent this from happening again, I will make a check list for documents needed for admission. I will give blank documents and a check list to the family to fill out and return documents 3 days before admitting. I will verify all documents to ensure they are filed out properly, signed by a physician and I will not admit resident unless I have all documents.




SCG = sub-care giver/PCG =primary care giver/PCP =primary care physician/CM = case manager

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Resident #1 – Aspiration precautions not included in resident's care plan despite physician's orders stating aspiration precautions and providing safe swallow guidelines on 1/22/20.</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 style="text-align: center;"><i>See Attached</i></p>	

11-100.1-88 Case management qualifications and services (c)(4)

Part 1

2.6.2020 – Called CM to discuss Resident #1 aspiration precautions are not included in the care plan. CM to update and add the aspiration precaution on her care plan. Copy is attached.



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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11-100.1-88 Case management qualifications and services (c)(4)

Part 2

To prevent this from happening again, I will update and review all orders with the CM and will ensure that care plan is updated appropriately. If changes occur prior to the case manager visit, I will verbally notify the CM of any changes and if verbal instructions are given, those instruction will be noted in the care plan and progress note. PC will obtain copy of care plan on a timely manner. 

SCG = sub-care giver/PCG =primary care giver/PCP =primary care physician/CM = case manager

Licensee's/Administrator's Signature: Araceli Cabal

Print Name: Araceli Cabal

Date: 3-10-2020