

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Dalere, Francisca (ARCH)	CHAPTER 100.1
Address: 303-A Kulana Road, Hilo, Hawaii 96720	Inspection Date: March 9, 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
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> Primary care giver (PCG) completed five (5) of the required six (6) hours of training sessions for the 2020 annual inspection year.</p> <p><u>Please complete one (1) additional hour of training to be counted towards your 2020 annual inspection year.</u></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>I take the Bloodborne Pathogens on May 28/20 to complete my workshop hours hour ^{hour} per year. 5/28/20</i></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) 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><u>FINDINGS</u> Substitute care giver (SCG) #1, no current tuberculosis (TB) skin test (Last done 02-27-19).</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><i>(SCG) #1 had taken his T.B. skin test before his physical, and when he went for physical his doctor forget to give the form sheet for the T.B.</i></p> <p><i>But now he pick it up already, and I get it now.</i></p>	<p style="text-align: right;"><i>3/11/20</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 (SCG) #1, SCG #2, SCG #3 – no training provided by the PCG to administer prescribed medications.</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>I already have, I always trained them whenever they come here since I take them as my (SCG) but I don't have that sheet for (SCG) training and now I have already, I ask from my friend. I recorded already.</i></p>	<p style="text-align: right;"><i>5/29/20</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p>FINDINGS No documented menu substitutions.</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>I found my calendar where I noted, so I did write it on the back ^{of my menu} already.</i></p>	<p style="text-align: center;"><i>3/10/20</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p>FINDINGS Foil tray containing baked ham stored at room temperature on kitchen stove.</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>After F.R.</i></p> <p style="text-align: center;"><i>during the visit I was slicing it and put in ziploc each serving and put back in the fridge.</i></p>	<p style="text-align: center;"><i>3/9/20</i></p>

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	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><u>FINDINGS</u> Resident #1 – no medication record for March 2020.</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><i>When his physical appointment day, I brought this medication sheet, cause Dr. told me to bring and he never give me back at that time. I went to pick it but the doctor was not in, then I was planning to get it the next day, I called first still in vacation.</i></p> <p><i>I went after the visiting day 3/10/20 so I have already.</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> (a)(6) 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:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1, admitted on July 1, 2019 – no admission medication orders.</p>	<p style="text-align: center;">PART 1</p> <p><i>I had but doctor never signed, but now I brought the admission sheet to doctor and he already signed it. 3/10/20</i></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>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Resident #1 – no signaling device in bedroom.</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><i>I had it but this non residents always move things any kind place. I look every place but but I could not find anymore, so I bought 3 bells already 1 in 1 bedroom and one on the restroom. I don't know where 3/10/20 be put.</i></p>	

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Licensee's/Administrator's Signature: Francisca Malore

Print Name: FRANCISCA DALEFE

Date: 4/27/20

RECEIVED
MAY 01 2020

Licensee's/Administrator's Signature: Francisca Dalere

Print Name: FRANCISCA DALERE

Date: 6/2/20

Licensee's/Administrator's Signature: Francisca Dalere

Print Name: FRANCISCA DALERE

Date: 8/11/20