

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gabriel, Claire (ARCH)	CHAPTER 100.1
Address: 27-358 Anderton Camp Road, Papaikou, Hawaii 96781	Inspection Date: January 19, 2021 – 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>§11-100.1-9 <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</p> <ol style="list-style-type: none"> 1. Primary care giver (PCG) – no current physical examination. 2. Substitute care giver (SCG) #1, no current physical examination. <p>Please submit a copy with your plan of correction (POC).</p> <p><u>This is a repeat deficiency from your 2020 annual inspection.</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>Primary Care Giver and Substitute Care Giver #1 has an updated physical examination and copy of forms are located in the CHO binder.</p>	<p style="text-align: right;">12-20-20</p> <p style="text-align: right;">1-20-21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1. Primary care giver (PCG) – no current physical examination. 2. Substitute care giver (SCG) #1, no current physical examination. <p>Please submit a copy with your plan of correction (POC).</p> <p><u>This is a repeat deficiency from your 2020 annual inspection.</u></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>Primary Care Giver will document personnel, staffing and family requirement on the CHO Summary Record and post it on the inside of the locked medicine cabinet door for easy access and visibility.</p> <p>Upcoming renewal dates will be documented on a calendar and then checked during the first 5 days of every month. Month of personnel physical examination has been changed to the month of January to ensure all physical examinations need to be renewed in the same month.</p>	<p style="text-align: center;">1-2-21</p>

	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></p> <ol style="list-style-type: none"> 1. Primary care giver (PCG) – no current tuberculosis (TB) clearance. 2. Substitute care giver (SCG) #1, no current TB skin test. <p>Please submit a copy with your POC.</p> <p><u>This is a repeat deficiency from your 2020 annual inspection.</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>Primary Care Giver and Substitute Care Giver #1 has an updated TB skin test clearance and copy of forms are located in the CHO binder.</p>	<p style="text-align: center;">1-28-21</p>

	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></p> <ol style="list-style-type: none"> 1. Primary care giver (PCG) – no current tuberculosis (TB) clearance. 2. Substitute care giver (SCG) #1, no current TB skin test. <p>Please submit a copy with your POC.</p> <p><u>This is a repeat deficiency from your 2020 annual inspection.</u></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>Primary Care Giver will document personnel, staffing and family requirement on the CHO Summary Record and post it on the inside of the locked medicine cabinet door for easy access and visibility.</p> <p>Upcoming renewal dates will be documented on a calendar and then checked during the first 5 days of every month. Month of personnel physical examination has been changed to the month of January to ensure all physical examinations need to be renewed in the same month.</p>	<p>1-22-21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 – level of care (LOC) assessment dated 06/17/20 indicated "ICF" LOC.</p> <p>Please submit a copy with your POC.</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>Updated Level of Care (LOC) obtained by primary caregiver and is available for review. Copy attached and original located in resident #1's binder.</p>	<p>05/27/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 – level of care (LOC) assessment dated 06/17/20 indicated "ICF" LOC.</p> <p>Please submit a copy with your POC.</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>Primary caregiver will include completion of the level of care (LOC) assessment at the resident's physical and discuss appropriate placement with physician. Annual check date for completion has been added on to the CTO summary record to ensure completion.</p>	<p>05/27/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator thermometer read 50°F.</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>Primary Care Giver lowered the temperature for the refrigerator to 45 degrees and/or lower.</p>	<p>1-20-21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator thermometer read 50°F.</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>Primary Care Giver will check the refrigerator thermometer monthly and a reminder added to the CHO Summary Record to make sure it is working properly and the refrigerator temperature is maintained at 45 degrees or lower.</p>	<p style="text-align: center;">1-22-21</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><u>FINDINGS</u> Metal stem thermometer read 60°F at room temperature.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Primary Care Giver purchased a new metal thermometer and is readily available on the side of the refrigerator.</p>	<p style="text-align: center;">1 - 24 - 21</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><u>FINDINGS</u> Metal stem thermometer read 60°F at room temperature.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>Primary Care Giver will ensure a metal stem thermometer is readily available and a monthly check was added to the CHO Summary Record.</p>	<p>1-21-21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Kitchen refrigerator door -- unsecured "Latanoprost" eye drops.</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>Primary Care Giver purchased a secured container for medications requiring storage in the refrigerator and put the medication in the container.</p>	<p>1-23-21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Kitchen refrigerator door -- unsecured "Latanoprost" eye drops.</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>Primary Care Giver will immediately store medications requiring storage in a refrigerator and added a monthly check reminder on the CHO Summary Record to ensure proper secured storage.</p>	<p style="text-align: center;">1-23-21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize h residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Can goods and an unopened bag of rice on dining area floor.</p> <p><u>This is a repeat deficiency from your 2020 annual inspection.</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>Primary Care Giver has moved can goods into the pantry cabinet and put the unopened bag of rice in the rice storage container.</p>	<p>1-20-21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Can goods and an unopened bag of rice on dining area floor.</p> <p><u>This is a repeat deficiency from your 2020 annual inspection.</u></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>Primary Care Giver will continue to work with household members to store any food items in the proper storage location. Rice is stored in a plastic container. PCG will do weekly checks to ensure correct storage of food items.</p>	<p style="text-align: center;">1-20-21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> No single use hand towels at kitchen and resident bathroom sinks.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Primary Care Giver purchased and now has readily available single use hand towels in the kitchen and resident bathroom sinks.</p>	<p>1-23-21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> No single use hand towels at kitchen and resident bathroom sinks.</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>Primary Care Giver moved the hand towel holder to a visible area in the kitchen and put a container for single use hand towels in the resident bathrooms. PCG will do bi-weekly checks to ensure there are single use hand towels in the kitchen and resident bathroom sinks.</p>	<p>1-20-21</p>

Licensee's/Administrator's Signature: Claire Gabriel

Print Name: CLAIRE GABRIEL

Date: 4-12-21

Licensee's/Administrator's Signature: Claire Gabriel

Print Name: Claire Gabriel

Date: June 8, 2011