Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Bautista, Dolores	**CHAPTER 100.1**
Address: **1939 Waikahe Place, Honolulu, Hawaii 96819**	**Inspection Date: February 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.

STATE OF HAWAII
OOH-OHCA
STATE LICENSING
MAR 22 P4:05

3/17/2021

FYI: Just received these forms in the mail on 3/16/2021.

Sincerely,
Dolores Bautista

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-8 Primary care giver qualifications. (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: 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; **FINDINGS** Primary Care Giver (PCG) – No documented evidence of six (6) hours of continuing education hours completed within past twelve (12) months.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Obtained the documents of the six hours of training sessions and continuing education hours. See Attached certificates. STATE OF HAWAII DOH-OHCA STATE LICENSING 21 MAR 22 P4:05	error ~~3/17/2024~~ 2/22/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-8 Primary care giver qualifications. (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: 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; **FINDINGS** PCG – No documented evidence of six (6) hours of continuing education hours completed within past twelve (12) months.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Upon receiving the certificate, I will file it in the training records section of my folder right away and have my substitute double check that continuing education hours are met and completed and that the certificates are filed in the ARCH folder.	~~3/30/2021~~ error DB 2/22/21

STATE OF HAWAII
DOH-OHCA
STATE LICENSING
21 MAR 22 P4:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** House Hold Member (HHM) – No documented evidence of current annual tuberculosis clearance by a physician or advanced practice registered nurse (APRN).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Current annual tuberculosis clearance by a physician or APRN has been obtained. See Attached copy of TB clearance.	error 3/17/2021 DB 2/22/2021

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

21 MAR 22 P4:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** HHM – No documented evidence of current annual tuberculosis clearance by a physician or APRN.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Prior to the yearly inspection, I will double check to make sure that the TB clearances are current and that the clearance by a physicians or APRN is on file and have my substitute double check that the clearances are up to date and on file.	~~3/17/2021~~ eno DB 2/22/2021

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 MAR 22 P4:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – No documented evidence of physician orders increasing dosage of "Busiprone 15mg, 2 tablets in AM & 1 tablet in PM" to "Busiprone 15mg, 3 tablets in AM & 1 tablet in PM."	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Corrected physician order of the increasing dosage of Busiprone has been obtained from the physicians and is on file.	2/23/2021

21 MAR 22 P4:05
STATE OF HAWAII
DOH-OHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – No documented evidence of physician orders increasing dosage of "Busiprone 15mg, 2 tablets in AM & 1 tablet in PM" to "Busiprone 15mg, 3 tablets in AM & 1 tablet in PM."	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Prior to filing the medication orders in the folder, I will double check that the changes in medication orders are filled out correctly and have the substitute double check it that it is complete and corrected.	2/23/2024

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 MAR 22 P4:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. **FINDINGS** Resident #1 – No documented evidence of medications administered and/or refused on a medication administration record for the entire month of April 2020.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** see future plan Prior to inspection, I will make sure that medications administered and/or refused on a medication administration record is done daily and recorded monthly and have the substitute double check that the flowsheet is completed and done monthly.	2/19/2021

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 MAR 22 P4:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. **FINDINGS** Resident #1 – No documented evidence of medications administered and/or refused on a medication administration record for the entire month of April 2020.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Prior to inspection, I will make sure that medications administered and/or refused on a medication administration record is done daily and recorded monthly and have the substitute double check that the flowsheet is checked off daily and on a monthly basis.	3/19/2021

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 MAR 22 P4:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(7) 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: Height and weight measurements taken; **FINDINGS** No documented evidence of monthly weights taken for facility's residents for the past twelve (12) months.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH-OHCA STATE LICENSING 21 MAR 22 P4:05	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(7) 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: Height and weight measurements taken; **FINDINGS** No documented evidence of monthly weights taken for facility's residents for the past twelve (12) months.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** ~~Upon~~ Prior to admission, readmission or transfer of a resident, I will make sure that the individual records for each resident has monthly weights taken and recorded. and have the substitute double check that it has been recorded monthly.	2/19/2021

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 MAR 22 P4:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #3 – No documented evidence of current evaluation of resident's current level of care by a physician or APRN.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Obtained the resident's current level of care by a physician or APRN and it is on file.	2/24/2024

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 MAR 22 P4:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #3 – No documented evidence of current evaluation of resident's current level of care by a physician or APRN.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Prior to filing the current evaluation of the resident, I will make sure that the form is completely filled out shows the current level of care and have the substitute that the form is completed and is on file.	2/24/2024

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 MAR 22 P4:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: **FINDINGS** Resident #2 - No documented evidence of current evaluation of resident's current self-preservation status by a physician or APRN.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Obtained the current evaluation of resident's current self-preservation status by a physician or APRN and is on file 2/25/2024	

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 MAR 22 P4:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: **FINDINGS** Resident #2 - No documented evidence of current evaluation of resident's current self-preservation status by a physician or APRN.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Prior to filing the forms in the folder, I will make sure the forms are completely filled out correctly and check the substitute double the forms for completeness.	2/22/24

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 MAR 22 P4:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (o)(1)(D) Bedrooms: General conditions: Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries; **FINDINGS** Bedroom #4 – Observed vacant room to contain previous resident's belongings as well as used as storage with non-resident items such as non-perishable food and appliances.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Vacant room has been cleared ~~and~~ of all belongings and other items has been removed.	2/19/2021

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 MAR 22 P4:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (o)(1)(D) Bedrooms: General conditions: Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries; **FINDINGS** Bedroom #4 – Observed vacant room to contain previous resident's belongings as well as used as storage with non-resident items such as non-perishable food and appliances.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Prior to inspection or as long as the room is vacant, I will make sure that it is not used as a storage and readily available for another resident and kept clean at all times and have the substitute double check that it is clean of appliances, non-perishable food, etc. STATE OF HAWAII DOH-OHCA STATE LICENSING 21 MAR 22 P4:05	2/19/2021

Licensee's/Administrator's Signature: Dolores Bautista

Print Name: Dolores Bautista

Date: 3/17/2021