STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Arzaga Adult Residential Care, L.L.C.	CHAPTER 100.1
Address: 57 Maikai Street, Hilo, Hawaii 96720	Inspection Date: September 8, 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
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** Substitute care giver (SCG) #1 – no current first aid certification.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** YES **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** First aid expired on July 2021. Scheduled staff to the class right away and was able to update certification on 9/10/2021.	9/10/2021

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☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** Substitute care giver (SCG) #1 – no current first aid certification.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Staff was a new hire and was not added in the master list of all employees with their certification renewal dates. Since then, staff was added to the master list of certificate expiration. We check the list monthly. Automatic notification was created via electronic calendar that notifies the staff and administrator on their phones when the certification expires . This electronic notification gets updated as soon as the certification is received.	9/10/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. **FINDINGS** No four (4) week menu. One (1) week menu available.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Created a four week menu and posted it in the proper place at the "kitchen" and "dining" area for the residents.	YES

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☒	§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. **FINDINGS** No four (4) week menu. One (1) week menu available.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To ensure that all staff preparing meals for the residents also have input on the menu. Educate staff to speak up if noted a repeated daily or weekly menu Double check the menu before posting and when in doubt, to send a copy of the menu to the Department of Health Nutritionist for assistance.	9/10/2021

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☒	§11-100.1-13 Nutrition. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented. **FINDINGS** No documented menu substitutions.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** YES **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Reinforced education to all staff to make sure that menu substitution form is completed when a meal is substituted or when resident refused the served meal. Staff were documenting in the progress notes but not all consistent. Since then, we created a "Monthly Menu Substitution Form," and attached it to the board where all the menus are kept. This form is filed in the care home binder under "Menu Substitution."	9/10/2021

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☒	§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 – July 2021 medication record read, "Acetaminophen 325 mg pain/fever 2 tabs PO q 6 hrs PRN." However, physician order obtained 08-06-21.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** The order was actually dated 6/6/2021, however, the 6 looks like an 8. The order was received prior to the medication was given.	

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☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Resident #1 – medication bin contained "Telmisartan 40 mg tablets." Medication was discontinued on 08-06-21.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** Yes **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** On that day of inspection, the discontinued medication was discarded right away.	9/8/2021

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☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – medication record not initialed on the following dates: • "Azelastine 137 mcg/inh. 1 squirt in each nostril up to twice a day" – not initialed 08-31-21 and 05-21-21. • "Donepezil 10 mg oral tablet take 1 tablet by mouth once daily" – not initialed 05-21-21.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1 – monthly progress notes did not document response to administered prn medications.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-17 Records and reports. (f)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; **FINDINGS** Resident #1 – monthly progress notes for June – August 2021 written in blue ink.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-23 Physical environment. (g)(3)(G) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system; **FINDINGS** No smoke detector checks for August 2021. **This is a repeat deficiency from your initial inspection of 03-24-21.**	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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Licensee's/Administrator's Signature: _____

Print Name: Noemi Arzaga, PCG

Date: 9/19/2021