

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ellazar, Estela (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 17-162 Ipu'aiwaha Street, Keaau, Hawaii 96749	Inspection Date: August 4, 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>§11-100.1-17 <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 02-27-21, no signed admission medication orders. Medication orders obtained 03-05-21.</p>	<p style="text-align: center;">PART 1</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> <p><i>As noted, medication orders obtained on 3/5/2021, after the fact.</i></p>	<p style="text-align: center;"><i>9/6/2021</i></p>

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<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 02-27-21, no signed admission medication orders. Medication orders obtained 03-05-21.</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><i>I have developed a list of requirements that need to be completed before admission, to provided for potential referrals/admissions, to include Signed Admission Orders.</i></p>	<p style="text-align: right;"><i>9/28/21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p>FINDINGS Resident #1 – physician order dated 03-05-21 read:</p> <ul style="list-style-type: none"> • “Wound Care – 1. Wash Wound w/ NS solution 2. Apply Mesalt (or substitute) cut to size. 3. Apply skin prep to borders of wound. 4. Cover w/ dry foam dsgs. Change M, W, F and pm.” <p>April 2021 medication record indicated treatment was discontinued on 04-19-21. However, no physician or APRN order to discontinue treatment.</p>	<p style="text-align: center;">PART 1</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> <p><i>Treatment was completed, no discontinued order obtained.</i></p>	<p style="text-align: right;"><i>9/6/2021</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – physician order dated 03-05-21 read:</p> <ul style="list-style-type: none"> • “Wound Care – 1. Wash Wound w/ NS solution 2. Apply Mesalt (or substitute) cut to size. 3. Apply skin prep to borders of wound. 4. Cover w/ dry foam dsgs. Change M, W, F and pm.” <p>April 2021 medication record indicated treatment was discontinued on 04-19-21. However, no physician or APRN order to discontinue treatment.</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>The care on this resident was managed by a home care agency-wound specialist. To avoid this issue in the future, I will obtain a discontinue order from the physician as directed by the wound care specialist that the treatment is completed and no longer requires further application.</p>	<p style="text-align: right;">9/6/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) 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>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Hot water temperature - 139°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><i>yes, deficiency was corrected. the plumber was called and the temperature was adjusted with a new regulator adjusted.</i></p>	<p><i>8/22/2021</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of compliance with the department's uniform tuberculosis policy;</p> <p><u>FINDINGS</u> Resident #1 – admitted 02-27-21, no two (2) step tuberculosis (TB) skin test.</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>qs deficiency was corrected.</i> PDD - Completed with Dr. Jung # 1 8/10 read 8/17 - 0mm # 2 8/16 read 8/19 - 0mm</p>	<p style="text-align: right;"><i>8/19/2021</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> No monthly fire drills for June and July 2021</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p><i>Unable to correct after the fact. 9/16/2021</i></p>	

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Licensee's/Administrator's Signature: Estela Elazar

Print Name: ESTELA ELAZAR

Date: 9/6/2020

Licensee's/Administrator's Signature: Estela Ellazar

Print Name: ESTELA ELLAZAR

Date: 9/28/21