

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fernandez, Carlina (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 137B Hokulani Street, Hilo, Hawaii 96720	Inspection Date: March 2, 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 Substitute care giver (SCG) #1 -- physical examination completed on 12/30/19. <u>Please submit documentation of current annual physical with your plan of correction (POC).</u></p> <p>This is a repeat deficiency from your 2020 annual inspection.</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>yes, deficiency was corrected. Physical examination done 3-17-21</i></p>	<p style="text-align: center;"><i>3-17-21</i></p>

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<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><u>FINDINGS</u> Substitute care giver (SCG) #1 – physical examination completed on 12/30/19. <u>Please submit documentation of current annual physical with your plan of correction (POC).</u></p> <p>This is a repeat deficiency from your 2020 annual inspection.</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>To avoid this issue in the future I will develop a checklist with the requirements due on time and that will alert me to notify the substitute caregiver annually. Three months before the expiration date, remind substitute about it, then follow up again until she will be check up and submit it.</i></p>	<p style="text-align: right;"><i>3-17-21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – November and December 2020 medication record read, “Ensure 1 can <u>BID</u>.” However, medication was not initialed as administered or refused.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – APRN order dated 12/18/20 read, “Ensure 1 can BID <u>PRN</u>.” However, January 2021 medication record read, “Ensure 1 can <u>BID</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><i>In the future, orders will be reviewed and transcribed as ordered by the APRN or the NID, to the MAR. The MAR will be then reviewed after transcription to review the accuracy. As orders are reaped, they will also be reviewed and transcribed to the MAR and reviewed again for accuracy. All orders will be reviewed before and after transcription to the MAR for accuracy.</i></p>	<p>5-19-21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><u>FINDINGS</u> Halved onion and open container of "ume (plum)" – uncovered in refrigerator.</p> <p>This is a repeat deficiency from your 2020 annual inspection.</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, container was covered and half onion was covered with clear wrap right away. Remind my substitute everytime to always wrap up or covered left over food.</i></p>	<p style="text-align: center;"><i>3-16-21</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 Previously frozen chicken defrosting on kitchen counter. Chicken temperature 55°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 style="text-align: center;"><i>Chicken was disposed of, as temperature of the chicken unsafe</i></p>	<p style="text-align: center;"><i>5-19-21</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>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:</p> <p>FINDINGS Resident #1 – physical examination dated 12/18/20 indicated resident “<u>is</u>” self-preserving. However, APRN order dated 8/18/20 read, “unable to weigh” as primary care giver (PCG) indicated resident is unable to stand independently. <u>Please submit current self-preservation statement with your POC.</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><i>yes, I bring the physical examination dated 12-18-20 indicated resident is self preserving. Client is unable to stand and APRN change to not self preserving 3-9-21</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> SCG #2 – no training provided by the case manager to administer oral medications.</p> <p>This is a repeat deficiency from your 2020 annual inspection.</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 the document and I fill it to the resident document, record.</i></p>	<p style="text-align: center;"><i>3-3-21</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> SCG #1 completed 3.5 hours of continuing education hours for 2021 annual inspection year. SCG #2 completed six (3) hours of continuing education hours for 2021 annual inspection year. <u>Please submit documentation of continuing education hours to be counted towards your 2021 annual inspection year with your POC.</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><i>Substitute no. 1 completed 12 hrs of continuing education on 3-5-2021 Substitute caregiver no 2 completed 12 hrs. of continuing education on 2-24-2021. I obtain the copy of training and put in ^{CH#} folder</i></p>	<p style="text-align: center;"><i>5-19-21</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Resident #1 – care plan updated 2/12/21 read:</p> <ul style="list-style-type: none"> • “Alteration in Comfort – “Tylenol 650 mg every 4 <u>hours</u> as needed for pain” <ul style="list-style-type: none"> ➢ APRN order dated 8/18/20 read, “Tylenol 650 mg 1 tab po q <u>6 hrs</u> PRN.” • “Elimination – Administer Anusol suppository rectally every 12 hours for constipation.” <ul style="list-style-type: none"> ➢ No physician/APRN order for rectal suppository. <p>This is a repeat deficiency from your 2020 annual inspection.</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 reviewed the care plan with the case manager and she updated the care plan. and medication were updated and suppository was removed from care plan.</i></p>	<p style="text-align: right;"><i>5-19-21</i></p>

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Licensee's/Administrator's Signature: Carlina Fernandez

Print Name: CARLINA FERNANDEZ

Date: 3-30-21

Licensee's/Administrator's Signature: Carlina Fernandez

Print Name: CARLINA FERNANDEZ

Date: 5-21-21

Licensee's/Administrator's Signature: Carlina Fernandez

Print Name: CARLINA FERNANDEZ

Date: 9-3-21