

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Respicio, Maria (ARCH)	CHAPTER 100.1
Address: 328 Wainohia Place, Hilo, Hawaii, 96720	Inspection Date: December 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>§11-100.1-8 <u>Primary care giver qualifications.</u> (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:</p> <p>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;</p> <p><u>FINDINGS</u> Primary care giver (PCG) – completed four (4) of the required six (6) hours of continuing education for the 2021 annual inspection year.</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 attended 3 more hours of in-service training of How to Care for the person with ALZHEIMERS Disease</i></p>	<p style="text-align: center;"><i>12-18-21</i></p>

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☒	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (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:</p> <p>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;</p> <p><u>FINDINGS</u> Primary care giver (PCG) – completed four (4) of the required six (6) hours of continuing education for the 2021 annual inspection year.</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 I will remember to put on my Care Home Planner and to check every 3 mos. to remind me. I will contact my educator to schedule 1 hr of other month.</i></p>	<p style="text-align: right;"><i>05/18/22</i></p>

	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 PCG – no current physical examination. (Last 11-03-20). Substitute care giver (SCG) #1 – no current physical examination (Last 11-16-20).</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>On December 16, 2021 substitute care giver went to see the primary physician to observe his Physical Examination</i></p>	<p style="text-align: center;"><i>3/2/22</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> PCG – no current physical examination. (Last 11-03-20). Substitute care giver (SCG) #1 – no current physical examination (Last 11-16-20).</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 style="text-align: center;"><i>I will schedule my P.E and my substitute 1 month ahead before my inspection with November.</i></p>	<p style="text-align: center;"><i>05-18-22</i></p>

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<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> SCG #1 with a history of past positive tuberculosis (TB) skin test – no current TB clearance. (chest x-ray 11-16-20).</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>= On November 16, 2021 Substitute care giver # 1 went to see the Dr Abejta for P.E. and sent him to get his CPT and filled up the Risk assessment and attestation screening form.</i></p>	<p>11-16-20 12-14-22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – the following prescribed medications were not available for administration:</p> <ul style="list-style-type: none"> • “Aspirin 81 mg 1 tablet daily once daily.” • “Hydralazine HCl 25 mg 2 tablets orally three times a day” • “Vitamin D3 1000 mcg 1 capsule orally once a day.” • “Melatonin 3 mg 1 tablet at bedtime orally once daily” 	<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 made appointment (to see) to the Physician to bring the resident to evaluate her medication and to get a new refill for the prescribed medicine.</p>	<p style="text-align: center;">3/2/22</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 on 11-22-21, medication list was not signed by a physician or APRN.</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>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Resident shower – tile broken, temporary plastic board covering shower wall.</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>- The Shower ^{was} re-tiled.</i></p>	<p style="text-align: center;"><i>4-20-22</i></p>

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Licensee's/Administrator's Signature: Maria V. Respicio

Print Name: MARIA V. RESPICIO

Date: 12-10-21

Licensee's/Administrator's Signature: Maria Y. Respicio

Print Name: MARIA Y. RESPICIO

Date: 3/2/22

Licensee's/Administrator's Signature: Maria Y. Respicio

Print Name: MARIA Y. RESPICIO

Date: 05-18-22