

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Josephine Cabal	CHAPTER 100.1
Address: 2322 Awapuhi Street, Hilo, Hawaii 96720	Inspection Date: May 13, 2022 – 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>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> No background check – fieldprint determination for the following:</p> <ul style="list-style-type: none"> • Primary caregiver • SCG #1 • SCG #2 • SCG #3 • SCG #4 • SCG #5 	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center"><i>YES, PRIMARY CAREGIVER AND SCG #1, #2, #3, #4 AND #5 OBTAINED THEIR FIELDPRINT RECORDS.</i></p>	<p align="center"><i>05/27/2022</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 – April medication record initialed as administered 04-10-22 – 04-20-22:</p> <ul style="list-style-type: none"> • “Ketoconazole 2% cream Apply to perineal area QD” • “Nystop 10000 unit gm powder apply to perineal area BID” <p>However, no documented telephone order to administer or discontinue treatment.</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>§11-100.1-17 <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 – admission orders read, "Miralax Packet 17 GM (Polyethylene Glycol 3350) Give 1 dose by mouth one time a day for constipation." However, January 2022 medication record was not initialed as administered 01-06-22 – 01-12-22."</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> (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 - 122°F.</p> <p><u>This is a repeat deficiency from your 2021 annual inspection.</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>YES, CALL SOMEONE TO ADJUST THE TEMPERATURE OF THE WATER HEATER</p>	<p>05/27/2022</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements</u>. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 – admitted 01-05-22, two (2) step tuberculosis (TB) skin test administered as follows:</p> <ul style="list-style-type: none"> • Administered 11-16-21, read 11-19-21 • Administered 11-24-21, read 11-30-21 <p>Documented two (2) step TB skin test did not follow department of health TB branch rules.</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, THE RESIDENT TAKES ANOTHER (TB) SKIN TEST FROM HER PRIMARY PHYSICIAN.</i></p>	<p><i>05/23/2022</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><u>FINDINGS</u> Resident #1 – care plan entitled: “Elimination due to Urinary incontinence, Bowel Incontinence, HX – UTI, Decreased mobility, Prone to Constipation” updated 2/11/2022, 3/4/2022, 4/8/2022, 5/10/2022 listed the following medications discontinued on 01-12-22 as interventions: Miralax QD, Dulcolax Suppository, Disposable Enema, and Soap Suds Enema.</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, THE DEFICIENCY WAS CORRECTED.</i></p> <p><i>1. CARE PLAN WAS REVIEWED.</i></p> <p><i>2. MD ORDERS REVIEWED</i></p> <p><i>3. CARE PLAN DOCUMENTATION CORRECTED, AND CORRECTED COPY PRESENTED TO CAREGIVER.</i></p> <p><i>NONE OF THE MEDICATIONS IN QUESTION WERE ADMINISTERED AFTER THE DISCONTINUED DATE, AS NOTED ON THE MAR.</i></p>	<p><i>05-27-2022</i></p>

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Licensee's/Administrator's Signature: Joseph V. Caral

Print Name: JOSEPHINE V. CARAL

Date: 05/27/2022

Licensee's/Administrator's Signature: Joseph V. Cabal

Print Name: JOSEPHINE CABAL

Date: 06-07-2022