Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cuaresma ARCH	CHAPTER 100.1
Address: 94-548 Farrington Highway, Waipahu, Hawaii 96797	Inspection Date: June 9, 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.

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MAR 24 2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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: 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; **<u>FINDINGS</u>** Primary care giver (PCG) did not complete any continuing education units.	**PART 1** **<u>DID YOU CORRECT THE DEFICIENCY?</u>** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I have completed the 6 hrs. continuing education. Then I just wait for the certificate.	3/24/22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-8 Primary care giver qualifications. (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: 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; **FINDINGS** Primary care giver (PCG) did not complete any continuing education units.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will attend educational workshops once they are available.	8/25/21

STATE OF HAWAII
DOH-OHCA
STATE LICENSING
'21 AUG 31 P3:15
SEP - 1 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** PCG and Substitute care giver (SCG) #1 and #2- No documentation of annual physical.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** We completed the physical exam. We just wait for the paper work. Completion date 3/24/22	3/24/22

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☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** PCG and Substitute care giver (SCG) #1 and #2- No documentation of annual physical.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I plan to schedule physical one Dr. make them available. STATE OF HAWAII DOH-OHCA STATE LICENSING '21 AUG 32 P3:15 SEP 1 2021	8/25/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **<u>FINDINGS</u>** PCG, SCG #1 and #2 – No documentation of tuberculosis clearance.	**PART 1** **<u>DID YOU CORRECT THE DEFICIENCY?</u>** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** We completed the Tuberculosis exam. We just wait for the results.	3/24/22.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** PCG, SCG #1 and #2 – No documentation of tuberculosis clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will schedule TB Test once the office are open for clearance.	8/25/21

STATE OF HAWAII
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'21 AUG 32 P3:15
SEP - 1 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** SCG #1 and #2 – No documentation of training by PCG.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I will becareful main-taning documentation and training record	8/25/21

STATE OF HAWAII
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21 AUG 32 P3:15
SEP - 1 2021

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☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** SCG #1 and #2 – No documentation of training by PCG.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will be sure to have training complete for all substitute givier. STATE OF HAWAII DOH-OHCA STATE LICENSING	8/25/21 '21 AUG 32 P3:15 SEP - 1 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 – Medication Lactulose bottle was empty. Pharmacy was called by PCG but no refills available. MD will have to be called. Medication should have been checked on before running out. .	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I will check medication to make sure there is enough and refills are available. STATE OF HAWAII DOH-OHCA STATE LICENSING	8/25/21 21 AUG 32 P3:15

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF HAWAII
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STATE LICENSING
'21 AUG 32 P3:16
SEP - 1 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 – Medication Alendronate not on the June MAR and not available. PCG states it was stopped last month. No order found.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** correct order was obtained when on next recent Dr. visit. STATE OF HAWAII DOH-OHCA STATE LICENSING '21 AUG 32 P3:16	8/25/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF HAWAII
DOH-OHCA
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21 AUG 32 P3:16
SEP - 1 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 – Medication Paxil is not listed on the handwritten renewal form for 2/26/21 and 3/20/21. However, medication is available and listed on MD's computer renewal dated 11/20.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** I will keep track of medication and date	8/25/21

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SEP - 1 2021

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MAR 24 2022

Licensee's/Administrator's Signature: Julia Cuaresma

Print Name: JULIA CUARESMA

Date: 3/24/22

Licensee's/Administrator's Signature: Julia Cuaresma

Print Name: JULIA CUARESMA

Date: 10/20/21

Licensee's/Administrator's Signature: Julia Cuaresma

Print Name: JULIA CUARESMA

Date: 8/25/21

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