

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fernandez, Carlina (ARCH/E-ARCH)	CHAPTER 100.1
Address: 137B Hokulani Street, Hilo, Hawaii 96720	Inspection Date: March 24, 2023 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> (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> Substitute Care Giver #1 – No documented evidence of a 2-step Tuberculosis (TB) skin test. Current annual TB skin test completed 1/4/2023.</p> <p>Please submit a copy with your plan of correction as evidence of completion.</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 corrected my deficiency. I requested a copy of her T.B skin test of 2022 and it was given January 26, 2022, also a copy of TB skin of 2023 and it given January 4, 2023</i></p>	<p style="text-align: right;"><i>4-25-23</i></p> <p style="text-align: right;"><i>B</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> (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>FINDINGS Substitute Care Giver #1 – No documented evidence of a 2-step Tuberculosis (TB) skin test. Current annual TB skin test completed 1/4/2023.</p> <p>Please submit a copy with your plan of correction as evidence of completion.</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 to prevent from this to happen again, I make sure that I keep all the yearly T.B test in my folder. I did ask as copy from my niece T.B test of 2022 and I will submit both test of 2022 and 2023. my plan is to keep all TB test in my folder to prevent reoccurring deficiency and its always ready when inspector comes</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;">13 7-10 = 13</p> <p style="text-align: right;">23 JUL 17 AM 56</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Resident #1 and Resident #2 – Both residents have a physician order diet for “Low Sodium,” however there were no special diet menu observed in facility. Primary Care Giver (PCG) posted special diet menu in a conspicuous area that was retrieved from PCG’s bedroom upon RN consultant’s request.</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>23 APR 28 P 2:41</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> , (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review <u>FINDINGS</u> Resident #1 and Resident #2 – Both residents have a physician order diet for “Low Sodium,” however there were no special diet menu observed in facility. Primary Care Giver (PCG) posted special diet menu in a conspicuous area that was retrieved from PCG’s bedroom upon RN consultant’s request.	<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 to prevent this from happening again, I have to post and move the menu in the kitchen and dining area right away; this way I won't forget it and keep them permanently. This is my plan to prevent from reoccurrence of deficiency.</i></p> <p><i>I have to had a memo on my call home folder to always follow and post immediately special diet order menu from the doctor</i></p>	<p style="text-align: right;">7-13-23</p> <p style="text-align: right;">23 JUL 17 AM 56</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Observed open rice bag sitting on pantry floor. PCG closed rice bag and relocated bag off the floor during inspection.</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 style="text-align: right;">7/23 11/23</p>

	RULES (CRITERIA) <small>2208</small>	PLAN OF CORRECTION <small>2208</small>	Completion Date <small>2208</small>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p>FINDINGS Observed open rice bag sitting on pantry floor. PCG closed rice bag and relocated bag off the floor during 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>In the future to prevent this from happening again, make sure rice bag is always closed and placed on the six inches wood floor to prevent contamination. Plan was implemented right away. I use a memory tool by</i></p> <ul style="list-style-type: none"> <i>① Posting sign in pantry door to close rice bag & after use</i> <i>② Daily round around the facility checking for food items closed, expired food items.</i> 	<p style="text-align: right;">13 7-12-23</p> <p style="text-align: right;">23 JUL 17 AM 1:56</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHICA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Expired condiments observed in facility refrigerator:</p> <ul style="list-style-type: none"> • Oriental salad dressing expired 10/2021 • Tartar sauce expired 2/2022 <p>PCG disposed of expired condiments during inspection.</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 style="text-align: center;">12/16/22</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Expired condiments observed in facility refrigerator:</p> <ul style="list-style-type: none"> • Oriental salad dressing expired 10/2021 • Tartar sauce expired 2/2022 <p>PCG disposed of expired condiments during 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>In the future, to prevent this deficiency from happening again, I have to read all the expiration dates of the food and if expired I have to disposed right away. I have to check them every 3 days ^{month}, I put sign in my refrigerator to remind me every time, so with my substitute.</i></p>	<p style="text-align: right;"><i>13</i> <i>7-13-23</i></p> <p style="text-align: right;">23 JUL 17 AM 56</p> <p style="text-align: right;">STATE OF HAWAII DHF-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Observed the following toxic chemicals unsecured in the kitchen cabinet, in the same area where eating utensils were being stored:</p> <ul style="list-style-type: none"> • “Boric Acid Roach Killer” • “Pledge” spray <p>PCG secured toxic chemicals during inspection.</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 style="text-align: center;">23 APR 28 P 3:41</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Observed the following toxic chemicals unsecured in the kitchen cabinet, in the same area where eating utensils were being stored:</p> <ul style="list-style-type: none"> • "Boric Acid Roach Killer" • "Pledge" spray <p>PCG secured toxic chemicals during 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>In the future to prevent plus deficiency from re-occurring. I have to be more careful in handling toxic chemical such as boric acid and roach killer, pledge spray. I have to put both right away in lock storage room after use. It was implemented right away and lock it always to prevent from reoccurring.</i></p> <p><i>Posted a sign on lock door as reminder to return all chemicals after use</i></p>	<p style="text-align: right;">13 7-15-23</p> <p style="text-align: right;">23 JUL 17 AM 56</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> The following medications were found unsecured:</p> <ul style="list-style-type: none"> • “Sodium Chloride 0.9% irrigation fluid” with prescription label belonging to a discharged resident was found on Resident #1’s dresser. • Two (2) unlabeled bottles of “Glycerin suppository” found unsecured on refrigerator door. <p>PCG discarded unsecured medications during inspection.</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 style="text-align: right;">2/26/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> The following medications were found unsecured:</p> <ul style="list-style-type: none"> • "Sodium Chloride 0.9% irrigation fluid" with prescription label belonging to a discharged resident was found on Resident #1's dresser. • Two (2) unlabeled bottles of "Glycerin suppository" found unsecured on refrigerator door. <p>PCG discarded unsecured medications during 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>In the future to prevent this from happening again, any time that resident past away, I should discard all medications that belong to him; and will be implemented right away; to prevent from occurring. I will put a memo on my car home folder to follow, discard all medications after patient past away</i></p>	<p style="text-align: right;">13 7-16-23</p> <p style="text-align: right;">23 JUL 17 AM 56</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 – March Medication Administration Record (MAR) with the following medications were noted as discontinued: <ul style="list-style-type: none"> • ProAir (Albuterol) inhaler • Atrovent MD inhaler No documented evidence of a discontinued order for the aforementioned medications.	<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 I corrected the deficiency. Discontinued order for medications were obtained from case manager</i></p>	<p style="text-align: right;"><i>13</i> <i>7-18-23</i></p> <p style="text-align: right;">23 JUL 17 AM 56</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</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 – Physician order for “Tylenol 325mg, 2 tab PO TID PRN” is recorded on MAR from March 2022 to March 2023. However, no documented evidence of a physician order for aforementioned PRN medication until 01/17/23.</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 style="text-align: center;">23 01/17/23 P. 1-27</p>

	RULES (CRITERIA) <small>2023</small>	PLAN OF CORRECTION <small>2023</small>	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 – Physician order for “Tylenol 325mg, 2 tab PO TID PRN” is recorded on MAR from March 2022 to March 2023. However, no documented evidence of a physician order for aforementioned PRN medication until 01/17/23.</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 to prevent this deficiency from happening again I have to get doctor order and sign it and always keep in my folder. This plan is implemented right away.</i></p> <p><i>I have to get a memo on my care home folder and also in the patient binder</i></p>	<p style="text-align: right;"><i>7-13-23</i></p> <p style="text-align: right;">23 JUL 17 AM 1 56</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-15 <u>Medications</u>. (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.</p> <p><u>FINDINGS</u> Resident #1 – Medication orders were not re-evaluated by a physician every four months.</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 corrected the deficiency The medication orders being reevaluated every four months. Reevaluation was obtained 5-17-23</i></p>	<p style="text-align: right;"><i>7-13-23</i></p> <p style="text-align: center;">23 JUL 17 AM 56</p> <p style="text-align: center;">STATE OF HAWAII DOR-ORCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> . (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. <u>FINDINGS</u> Resident #1 – Medication orders were not re-evaluated by a physician every four months.	<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 to prevent this from happening again I have to let doctor re-evaluate all medications order and sign it every four months. make sure it is completed before leaving doctors office.</i></p> <p><i>From now on my plan is to double check all the orders that it has the correct date, route, frequency, dosage, patient medications.</i></p> <p><i>I had to put a memo too in my case home folder</i></p>	<p style="text-align: center;">7-13-23</p> <p style="text-align: center;">23 JUL 17 AM 56</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><u>FINDINGS</u> Bathroom #2 near resident dining area observed with trash receptacle without a tight fitting lid.</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 I corrected right away my deficiency. I put a trash can with tight fitting lid</i></p>	<p style="text-align: right;"><i>4-25-23</i></p> <p style="text-align: right;"><i>23</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal: Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers; FINDINGS Bathroom #2 near resident dining area observed with trash receptacle without a tight fitting lid.	<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 to prevent this deficiency from happening again I have to let the doctor order to put a tight lid trash can in the bathroom. If it is broken, buy and change right away a tight lid trash can. I put memo on my case hold folder to always use a trash can with tight lid.</i></p>	<p style="text-align: right;">7-17-23</p> <p style="text-align: right;">'23 JUL 17 AM 1:56</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

Licensee's/Administrator's Signature: Carlina Fernandez

Print Name: CARLINA FERNANDEZ

Date: 4-25-23

23 APR 24 PM 3:51
2023

Licensee's/Administrator's Signature: Carlina Fernandez

Print Name: CARLINA FERNANDEZ

Date: 7-13-23

23 JUL 17 AM 11:55
STATE OF HAWAII
DOH-CHCA
STATE LICENSING