Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Veronica Esteban Care Home Blessed Esteban Care Home. LLC	**CHAPTER 100.1**
Address: **1342 Kamehameha IV Road, Honolulu, Hawaii 96819**	**Inspection Date: January 9, 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
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #3 – No documented evidence of an annual diet order signed by a physician or advanced practice registered nurse (APRN).	**PART I** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Page 2 Yes, corrected. I called the VA doctor for resident's PE. Copy enclosed of #3 resident has on his annual physical examination record, regular diet. Dated: 1/12/2023	1/12/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #3 – No documented evidence of an annual diet order signed by a physician or advanced practice registered nurse (APRN).	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Page 3 Future plan to ensure this doesn't happen again. Steps: In addition with the PCG: 1. To have the SCG #1, RI schedule appointments two months before the last physical examination record date expires and put on calendar to do check-list. 2. On the date of appointment for the physical exam: the SCG#1, RI will double check the records again at home within the hour and is secured in resident's folder. 3. To have the SCG, JE will also provide a checklist paper on top of resident's folder.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #2 - Physician ordered "low fat" diet on 1/24/2022. No special diet menu available for departmental review.	**PART I** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Page 4 Yes, corrected. Inserted low-calorie diet menu with the regular diet menu's. Enclosed is resident's diet is regular on his physical examination record. The resident's weight had changed due to resident buying and eating extra snacks before and after meals.	1/9/23

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. **FINDINGS** Observed loose and uncovered food, food residue in various refrigerator compartments, and numerous expired food items in the facility refrigerator.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Page 6 Yes, corrected. The SCG's cleaned, organized, covered all foods and discarded all expired foods.	1/9/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. **FINDINGS** Observed loose and uncovered food, food residue in various refrigerator compartments, and numerous expired food items in the facility refrigerator.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Page 7 Future plan to ensure this doesn't happen again, 1. Assigned one SCG to organized and clean the fridge. 2. Post a daily log checklist which to include that the food is covered at all time, to wipe daily any spills or food residue. 3. The PCG to check daily that the fridge is clean and organized.	1/9/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. **FINDINGS** No working refrigerator thermometer observed in facility refrigerator.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Page 8 Yes, corrected. Bought and inserted a working thermometer in refrigerator.	1/10/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. **FINDINGS** No working refrigerator thermometer observed in facility refrigerator.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Page 9 Future plan to ensure this doesn't happen again. 1. Check the fridge thermometer is working when cleaning the fridge. 2. Add to the checklist to check if the fridge thermometer is working.	1/10/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #1 Physician ordered "Multivitamin oral tablet, 1 tablet PO daily." No medication label on medication bottle.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Page 10 Yes, corrected. Called resident's doctor, to have the multivitamin properly labeled. Discard any non labeled medication bottle.	9/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #1 Physician ordered "Multivitamin oral tablet, 1 tablet PO daily." No medication label on medication bottle.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Page 11 Step 1. Daily check to keep all boxed labeled vitamins with the vitamin bottle. Step 2. To put a big sticky note to keep boxed labeled with un-labeled bottle.	1/9/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 Observed loose pills unsecured in resident's medication bin.	PART 1 **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Page 12 Yes. Corrected. Discarded any loose pills in medication bin.	1/9/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – Observed loose pills unsecured in resident's medication bin.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Page 13 Future plan to ensure this doesn't happen again. Steps: In addition to PCG checking the medication bins: • The SCG#1, RI will be double check the resident's bin daily to ensure that all medications are secured and no loose pills.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Observed Bacitracin ointment, CVS Health Antibiotic ointment, mupirocin ointment and clotrimazole 1% cream unsecured in facility's First Aid kit.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Page 14 Yes, corrected. Discarded all lotions in the first aid kit.	1/9/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Observed Bacitracin ointment, CVS Health Antibiotic ointment, mupirocin ointment and clotrimazole 1% cream unsecured in facility's First Aid kit.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Page 15 Step 1. To have a SCG designated to clean the first aid kit Step. 2. To have a check list in the first aid kit and remove any medicated lotions.	1/9/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Resident #1 Observed a bottle of Centrum 50+ multivitamin unsecured in bedroom.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Page 16 Yes. Corrected. Discarded multi-vitamin bottle	1/9/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Resident #1 – Observed a bottle of Centrum 50+ multivitamin unsecured in bedroom.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Page 17 Future plan to ensure this doesn't happen again. Steps: Step 1. In addition with the PCG checking the resident's room, if there is any vitamin bottles in the room Step 2. SCG#1, RI will inform all resident's family member and the resident's that they must inform the PCA and a doctor's order must be obtained for any over-the-counter vitamins or any type of medications. Step 3. SCG #1, RI will double-check the resident's room, if there is any vitamin/medication bottles on a daily basis.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #3 No documented evidence of a current annual physical examination clearance by a physician or APRN.	**PART I** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Page 18 Yes, corrected. Called VA doctor. The Annual Physical Examination is in resident's folder.	1/12/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis: **FINDINGS** Resident #3 – No documented evidence of a current annual physical examination clearance by a physician or APRN.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Page 19 1. Call the physician office for an annual Physical appointment. 2. To write in calendar and provide a copy of the PE forms.	1/12/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #3 No documented evidence of a current annual tuberculosis clearance by a physician or APRN.	**PART I** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Page 20 Yes, corrected. Called VA doctor. The TB results is in resident's folder.	1|12|23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #3 No documented evidence of a current annual tuberculosis clearance by a physician or APRN.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Page 21 Steps for corrections: 1. Call the physician office for a TB appointment. 2. To write in calendar and provide a copy of the TB forms.	1|12|23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #3 - No documented evidence of a current annual ~~tuberculosis~~ clearance by a physician or APRN. LOC	**PART I** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Page 22 Yes, corrected. Called VA doctor. The LOC-level of Care results is on the PE form.	1/12/23

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☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #3 No documented evidence of a current annual ~~tuberculosis~~ clearance by a physician or APRN. LOC	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Page 23 Steps for corrections: 1. Call the physician office for an appointment. 2. To write in calendar and provide the forms.	1/12/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1 - No documented evidence of monthly progress notes since resident admission on file for review.	PART I **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1 – No documented evidence of monthly progress notes since resident admission on file for review.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Page 25 Future plan to ensure this doesn't happen again. Steps: 1. In addition with the PCG writing in the monthly progress notes and filing in the folders. 2. The SCG #2: Will be double check that the progress notes are completed monthly. 3. The SCG #1: Will double check to make sure the monthly progress notes is secured within the resident's folder.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I)(i) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: 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: For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident; **FINDINGS** Resident #3 No documented evidence of an annual self-preservation evaluation signed by a physician or APRN.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Page 26 Yes, corrected. Called VA doctor. The self preservation information is on the Physical examination form in resident's folder.	1/12/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(1)(i) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: 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: For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident; **FINDINGS** Resident #3 No documented evidence of an annual self-preservation evaluation signed by a physician or APRN.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Page 27 Steps for corrections: 1. Call the physician office for a physical which includes the "self preservation info" appointment. 2. To write in calendar and checklist.	12/12/23

Licensee's/Administrator's Signature: Veronica Esteban

Print Name: Veronica Esteban

Date: 3/15/23

Licensee's/Administrator's Signature: Veronica Esteban

Print Name: Veronica Esteban

Date: 2/16/2023