

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Retuta, Blandina (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-1116 Kahuailani Street, Waipahu, Hawaii 96797	Inspection Date: February 10, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS</p> <div style="background-color: black; height: 100px; width: 100%;"></div>	<p>Resident [REDACTED] Physical Exam form was re-evaluated by MIA, including LOC & self preservation statement. See attached.</p>	<p>3-04-2015</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	 <p data-bbox="262 682 955 833"><i>Enclosed is the Office of Health Care Assurance (OHCA) ARCH N2 Level of Care Assessment Form. Please have a <u>physician</u> or <u>APRN</u> complete this form and submit a copy with your plan of correction.</i></p>		
<input checked="" type="checkbox"/>	<p data-bbox="262 833 955 987">§11-100.1-17 <u>Records and reports.</u> (a)(7) 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 data-bbox="262 987 955 1047">Height and weight measurements taken;</p> <p data-bbox="262 1047 955 1174">FINDINGS Resident ■, no height measurement.</p>	<p data-bbox="955 833 1669 1174"><i>In the future, I will make sure to check height & weight & will be recorded @ the carehome record ready for annual inspection.</i></p>	<p data-bbox="1669 833 1917 1174"><i>to check 2-10-15</i></p>
<input checked="" type="checkbox"/>	<p data-bbox="262 1174 955 1234">§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p data-bbox="262 1234 955 1354">Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>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:</p> <p>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;</p> <p>FINDINGS</p> <div style="background-color: black; width: 100%; height: 40px; margin-bottom: 5px;"></div> <p><i>Enclosed is the OHCA Self-Preservation Statement. Please have the resident assessed by a physician and submit the completed copy with your plan of correction.</i></p>	<p style="text-align: center;"><i>See attached</i></p>	

Licensee/Administrator's Signature: Blandina A. Retuta

Print Name: BLANDINA S. RETUTA

Date: 4-23-2015

	Rules (Criteria)	Plan of Correction	Completion Date
	<p style="text-align: center;">Rules (Criteria)</p> <div style="background-color: black; width: 100%; height: 150px; margin-bottom: 5px;"></div> <p><i>Enclosed is the Office of Health Care Assurance (OHCA) ARCH N2 Level of Care Assessment Form. Please have a <u>physician</u> or <u>APRN</u> complete this form and submit a copy with your plan of correction.</i></p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p>FINDINGS Resident [redacted] no height measurement.</p>	<p><i>In the future I will make sure H+W will be recorded in the H+W record. Review the H+W record if that has been 2-10-2015 recorded upon admission. - I go over the admission checklist to make sure everything is documented ✓ I will have my SC double check for completeness.</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p>		

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Licensee/Administrator's Signature:

Print Name:

Date:

5-07-2015