

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Evelyn's	CHAPTER 100.1
Address: 94-824 Kumukula Street, Waipahu, Hawaii 96797	Inspection Date: July 28, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies:</p> <p><b>FINDINGS</b> [REDACTED]</p>	<p>11-100-1-17 RECORD + REPORTS</p> <p>I will request to see all the required documents before admitting in my ARCH.</p>	7/28/15
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden</p>	<p>Pls. see next page</p>	7/29/15

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><b>FINDINGS</b></p> <p>[REDACTED]</p>	<p>11-100-1-20 RESIDENTS HEALTH CARE STANDARDS</p> <p>I will document wt. loss on my progress notes &amp; notify the physician of a wt. loss or wt. gain 5 lbs. or more.</p>	<p>7/29/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident:</p> <p><b>FINDINGS</b></p> <p>No plastic pillow protectors on resident pillows.</p>	<p>11-100-1-23 Bedrooms:</p> <p>I will always put a name on a resident pillow for that resident use only.</p>	<p>7/28/15</p>

Licensee/Administrator's Signature: *Evelyn Paco*

Print Name: EVELYN PACO

Date: 8/5/15

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><b>FINDINGS</b></p> <div style="background-color: black; width: 100%; height: 40px;"></div>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident:</p> <p><b>FINDINGS</b> No plastic pillow protectors on resident pillows.</p>	<p>I initialled the pillow for that resident use only.</p> <p>I will make sure to check the plastic pillow protector of each resident once a week.</p>	7/28/15

Licensee/Administrator's Signature:           Evelyn Paul          

Print Name:           EVELYN PAUL          

Date:           9/1/15