

Office of Health Care Assurance

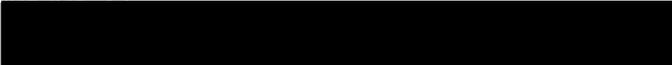
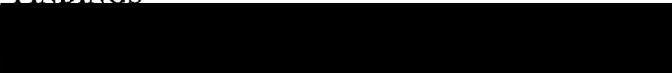
State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fidelibus Cottage	CHAPTER 100.1
Address: 91-827 Oama Street, Ewa Beach, Hawaii 96706	Inspection Date: December 11, 2015 Annual

	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><b>FINDINGS</b> Primary care giver history of positive tuberculosis skin test, no attestation form in records. <b>Provide copy of attestation form with your plan of correction (POC).</b></p>	<p>IN THE FUTURE I WILL TAKE THESE STEPS TO PREVENT THIS FROM HAPPENING IN THE FUTURE. I AM ATTACHING THE CORRECT DOH TB CLEARANCE FORM TO MY DOH ANNUAL PHYSICAL FORMS. THIS WILL INSURE THAT THE CORRECT FORM IS PROPERLY FILLED OUT AND RECORDED. THIS WAS CORRECTED AND THE PROPER FORM WAS FILLED OUT ON JAN. 8, 2016 AND I HAVE ATTACHED.</p>	1-14-2016
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b>FINDINGS</b> Substitute care giver [redacted] no first aid certification in care home records. <b>Provide copy of certification with your POC.</b></p>	<p>I NOW UNDERSTAND THE IMPORTANCE OF WHAT IS ON CPR CARDS, THEY MUST BE DETAILED IN WHAT IS TAUGHT. FIRST AID &amp; CPR IS REQUIRED AND MUST BE ON THE CARD AS WELL AS THE TIME LENGTH THE CARD IS GOOD FOR. I WILL CORRECT THIS FROM HAPPENING IN THE FUTURE BY NOW UNDERSTANDING WHAT NEEDS TO BE ON THE CARD. I HAVE MADE A TEMPLATE CPR CARD THAT LABELS A PROPER CPR CARD THAT WAY I CAN CHECK ALL CARDS AS FILE THEM. I HAVE ATTACHED MY SCG NEW CPR/FIRST AID CERTIFICATION</p>	1-14-2016

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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><b>FINDINGS</b>              Clarify with physician resident level of care.</p>	<p>I WILL TAKE THESE STEPS TO PREVENT THIS OCCURING IN THE FUTURE TO ENSURE THE PROPER LEVEL OF CARE IS DOCUMENTED AND THE SAME WITH CASE MANAGERS AND DOCTORS. THE FIRST STEP I HAVE HIGHLIGHTED THE LEVEL OF CARE ASSESMENTS WITH CASE MANAGERS AND PHYSICIANS TO ENSURE THEY ARE THE SAME. IF THERE IS ANY DIFFERENCES THIS WILL MAKE ME AWARE AND I CAN ADDRESS THE SITUATION.</p>	<p>1-14-2010</p>
☒	<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><b>FINDINGS</b>  </p>	<p>I HAVE NOW MADE A FEW PRECAUTIONS TO PREVENT THIS FROM HAPPENING IN THE FUTURE. FIRST STEP I HAVE TAKEN IS HAVING THE MEDICATION LIST ATTACHED TO THE CLIENTS LEVEL OF CARE FORM, THESE NEED TO BE FILLED OUT IN DETAIL BY THE PHYSICIAN AND ACCURATELY. THIS WILL GIVE ME TIME TO GO OVER THE MEDICATION LIST ACCURATELY WITH THE PHYSICIAN AND HE CAN EXPLAIN WHICH MEDICATIONS DO WHAT. SECOND STEP I HAVE ATTACHED THE FORM TO THE ANNUAL PHYSICAL AS WELL SO THIS CAN BE DONE AS WELL.</p>	<p>1-14-2010</p>
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3)            During residence, records shall include:</p> <p>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,</p>	<p>I KNOW THE IMPORTANCE OF DOCUMENTATION IN PROGRESS NOTES AND WHAT DESCRIPTIONS THAT NEED TO BE IN THEM TO MAKE AN ACCURATE PROGRESS NOTE. THESE DESCRIPTIONS NEED TO BE DOCUMENTED TO HELP NOTICE RESIDENTS HEALTH TREND POSITIVE OR NEGATIVE. TO PREVENT THIS FROM HAPPENING I HAVE MADE A TEMPLATE FORM FOR MY PROGRESS NOTES. IF I FILL THIS FORM OUT I WILL ALWAYS HAVE THE CORRECT DESCRIPTIONS + WILL PREVENT THIS FROM</p>	<p>1-4-2010</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b>FINDINGS</b>  ██████████ progress notes do not address diet, medications or activity.</p>	<p>HAPPENING IN THE FUTURE.</p>	<p>1-14-2010</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e)  In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b>FINDINGS</b>  ██████████ emergency data sheet incorrect, medication not updated.</p>	<p>MEDICATIONS CHANGE OFTEN AND THIS CHANGE NEEDS TO BE MADE IN THE EMERGENCY MEDICATION LIST. THIS LIST NEEDS TO BE UP TO DATE AND ACCURATE AT ALL TIMES SINCE WE NEVER KNOW WHEN AN EMERGENCY MAY HAPPEN. TO PREVENT THIS FROM HAPPENING I HAVE MADE A SIGN IN MY MEDICATION STORAGE TO REMIND ME TO UPDATE THE EMERGENCY MEDICATION LIST. I HAVE ALSO MADE A FORM TO GO IN MY RESIDENTS BOOK WHERE THE DOCTORS ORDERS GO TO REMIND ME AS WELL. THESE 2 STEPS WILL KEEP MY EMERGENCY MEDICATION LIST UP TO DATE.</p>	<p>1-14-2010</p>

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: DHY-JELEN FIDELIBUS

Date: JANUARY 14, 2010