

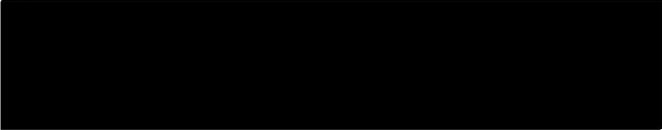
Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mariano, Gloria (ARCH)	CHAPTER 100.1
Address: 1614 Merkle Street, Honolulu, Hawaii 96819	Inspection Date: March 17, 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> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS No documentation of training for three (3) substitute care givers to make medications available to residents.</p>	<p><i>Sub care givers were trained already but no documents were avail. at time of inspection. So in the future always have a document of training that were signed by the primary and sub care givers to make meds avail. and properly record such action.</i></p>	<p><i>3/18/15</i></p>
<input checked="" type="checkbox"/>	<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>		

	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>FINDINGS </p>	<p>When PRN meds were given to client always document the outcome or the observation of residents response to medication and the reason why we gave them.</p>	<p>3/18/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Permanent general register not maintained, does not reflect discharge of Resident </p>	<p>When admitting or discharging client we must maintained to record or complete the register immediately</p>	<p>3/18/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(3)(B) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Doors:</p> <p>When multiple locking devices are used on exits, a maximum of two locking mechanisms for egress shall be allowed;</p> <p>FINDINGS Second fire exit has three (3) operative locks.</p>	<p>The third locking device of exit door was already removed so next time we must limit 2 locking devices on each exit door.</p>	<p>3/20/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (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>FINDINGS Four (4) residents. No plastic pillow protectors or names inscribed on pillows to denote ownership.</p>	<p>Pillow belongs to each client so they must write their names on it and they bring with them when they move out on discharge.</p>	<p>3/18/15</p>

Licensee/Administrator's Signature: *Gloria Mariand*

Print Name: Gloria Mariand

Date: 4/24/15