

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Minda Rocha Care Home	CHAPTER 100.1
Address: 98-562 Kaimu Loop, Aiea, Hawaii 96701	Inspection Date: April 13, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS [REDACTED]</p>	<p>[REDACTED]</p> <p><i>I will review and update resident's medication list with the doctor upon admission to the carehome and on her first doctor's appointment so that way other medications that resident is not taking anymore will not appear again in the doctor's computerized record.</i></p>	<i>In the future</i>
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p>FINDINGS</p>	<p>[REDACTED]</p> <p><i>I will update inventory of resident's possessions in the first week of January every new year.</i></p>	<i>4/15/15</i>

	[REDACTED]		
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS Substitute care giver [REDACTED] had certificates for twelve (12) continuing education (CEU) hours; however certificates were not dated when given. Unable to determine when CEU's were completed. Please submit copies of dated CEU's certificates with your plan of correction.</p>	<p>[REDACTED]</p> <p>I will review all certificate of continuing education with the caregiver upon submission to me to make sure that the number of hours of training is complete and dated. (Certificate of CEU is enclosed)</p>	<p>4/15/15</p>

Licensee/Administrator's Signature: Minda Rocha

Print Name: MINDA ROCHA

Date: 5/7/15