

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pascual's	CHAPTER 100.1
Address: 1521 Ala Iolani Place, Honolulu, Hawaii 96819	Inspection Date: September 10, 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> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>In the future, all my substitute CG's will have to provide me the up to date physical exam before working in my Care Home. I'll tell SCG ahead before hiring her.</p>	<p>9-30 2015</p>
<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>[REDACTED]</p> <p>In the future, all of my substitute</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS</p> <p>[REDACTED]</p>	<p>CG's will have to provide me the proper TB clearance before working in my CHome. I'll use the calendar to remind me by writing down when it expires, so before hiring her, I have to remind the SOG when her TB clearance expires.</p>	<p>9-30-2015</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-15 <u>Medications</u>. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS</p> <p>1. [REDACTED]</p> <p>2. [REDACTED]</p> <p>3. [REDACTED]</p>	<p>[REDACTED]</p> <p>To avoid error next time from #s 1-3, after each doctor visit, orders will be checked by me to make sure all medications are properly evaluated, check the label; if wrong, call the pharmacy right away and correct the error. If the pharmacy cannot correct it, PCG will go to the doctor and will let the doctor correct it right away.</p>	<p>9-30-2015</p> <p>9-30-2015</p> <p>9-30-2015</p>

Licensee/Administrator's Signature: Trina P. Pascual

Print Name: TRINA P. PASCUAL

Date: October 19, 2015