

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Suetos Care Home	CHAPTER 100.1
Address: 4415 Ukali Street, Honolulu, Hawaii 96818	Inspection Date: July 8, 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> [REDACTED]</p>	SEE ATTACHED	8/4/15
<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> [REDACTED]</p>	SEE ATTACHED	8/14/15

<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b> No posted menu in the kitchen.</p>	<p>SEE ATTACHED</p>	<p>7/8/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS</u></b> Internal and external medication were not segregated.</p>	<p>SEE ATTACHED</p>	<p>7/8/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> [REDACTED]</p>	<p>SEE ATTACHED</p>	<p>7/8/15</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, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p>		

	FINDINGS [REDACTED]	SEE ATTACHED	7/13/15
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Licensee/Administrator's Signature: Edelvina H. Suetos  
Print Name: EDERLINA G. SUETOS  
Date: 8/14/15

**11-100.9:**

[REDACTED] In the future, to prevent this from happening again, I made a checklist to remember & a reminder on my I-pad & my cell phone that all my Residents, Care Givers & Household Members will always have an Annual Tuberculosis Clearance. I will make sure that I have a hard copy on my ARCH Record Folder & I will make sure it will be done 3 months before the Annual Inspection.

*E. Suetos*  
Ederlina G. Suetos

**11-100.1-9:**

[REDACTED] In the future, to prevent this from happening again, I made a checklist to remember & made a reminder on my I-pad & my cell phone that all my Substitute Care Givers need to obtain a First Aid Certification annually & it should be always in my ARCH Records Folder. In addition I make sure that it will be done 3 months before my Annual inspection.

*E. Suetos*  
Ederlina G. Suetos

**11-100.1-13:**

I put the current menu posted in my Main House Kitchen/ Dining Area on 07/08/2015 as soon my Nurse Consultant step out on my ARCH. In the future, I will make sure that the current menu will always be posted & visible all the time in my kitchen not only in my Resident's Dining Area for more easy accessible, as well as to save time & energy when I am or my Substitute Care Givers preparing daily meals for the residents.

*E. Suetos*  
Ederlina G. Suetos

11-100.1-15:

[REDACTED]

In the future to prevent this from happening again, I will make sure that all medications should be separated from each other to prevent from contaminations, moisture from the boxes, so that it can be easily read the labels. I will make sure that all my Substitute Care Givers are all educated in washing their hands before handling any medications given to the residents.

*E. Suetos*  
Ederlina G. Suetos

11-100. 1-15:

[REDACTED]

In the future, I will make sure that my residents need to see their Physician or APRN for every 3 or 4 months. I will make sure that I will emphasized the importance of going to see the Doctor so [REDACTED] can express his feelings & thoughts. I will make sure that the Doctor knows what my Residents is going through & [REDACTED] the Doctor can consult to another institutions that help [REDACTED]

*E. Suetos*  
Ederlina G. Suetos

11-100.1-17:

[REDACTED]

I will make sure that I will discuss with [REDACTED] the indications & side effects of each medications. I will make sure that I will educate [REDACTED] the signs & symptoms of all medications & make sure [REDACTED] verbalize to us what is the reactions & effects of the medications so I can address & call the Doctors ASAP & I will document in the chart as well.

*E. Suetos*  
Ederlina G. Suetos