

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tadeo	CHAPTER 100.1
Address: 17-566 S. Ipuaiwaha Street, Keaau, Hawaii 96749	Inspection Date: February 6, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p>FINDINGS PCG's metal stem thermometer measures only hot temperatures.</p>	<p>PURCHASED A METAL STEM THERMOMETER THAT CHECKS FOR COLD AND HOT FOOD TEMPERATURES TO PREVENT THIS FROM HAPPENING IN THE FUTURE; I WILL MAKE SURE TO PURCHASE THE CORRECT THERMOMETER THAT MEASURES HOT/COLD FOOD TEMPERATURES, AND WILL CHECK THERMOMETER ALONG WITH OTHER SUPPLIES THAT ARE BEING USED FOR FOOD PREPARATIONS TO CHECK AFTER BEING USED TO AVOID MALFUNCTION, REPLACE IT ASAP.</p>	2-7-15
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Detergent, bleach and fabric softener unsecured in laundry area.</p>	<p>SECURELY STORED BLEACH, DETERGENT AND FABRIC SOFTENER IN A LOCKED CABINET.</p> <p>TO PREVENT THIS FROM HAPPENING IN THE FUTURE, PRIMARY/SUBSTITUTE CAREGIVERS ALONG WITH HOUSEHOLD MEMBERS WILL BE REMINDED EACH TIME TO SECURELY STORE AND LOCK ALL NECESSARY TOXIC CHEMICALS AND CLEANING AGENTS AS SOON AS THEY ARE COMPLETE WITH EACH TASK, TO AVOID FORGETFULNESS.</p>	2-6-15
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes</p>	<p>CONFERRED A SCHEDULE OF ACTIVITIES/PLAN OF CARE FOR [REDACTED]</p>	2-6-15

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	Rules (Criteria)	Plan of Correction	Completion Date
	<p>personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p>FINDINGS [REDACTED] no plan of care.</p>	<p>TO PREVENT THIS FROM HAPPENING IN THE FUTURE, WHEN A RESIDENT IS ADMITTED THE PRIMARY CARE GIVER WILL BE RESPONSIBLE IN COMPLETING A PLAN OF CARE AND ACTIVITIES SCHEDULE WITH THE HELP OF FAMILY MEMBERS, CASE MANAGER, ETC. UPON ARRIVAL TO AVOID INCOMPLETE PAPERWORK FOR EACH RESIDENT.</p>	<p>2-6-15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS [REDACTED] no TB clearance documentation.</p>	<p>[REDACTED]</p> <p>TO PREVENT THIS FROM HAPPENING IN THE FUTURE, BEFORE ADMITTING A RESIDENT, I WILL MAKE SURE TO HAVE A REPORT OF A RECENT PE/TB CLEARANCE AND OTHER REQUIREMENTS BE COMPLETED BEFORE ADMISSIONS. I WILL NOT ADMIT IF REQUIRED RECORDS ARE NOT COMPLETE OR AVAILABLE.</p>	<p>2-17-15</p>
<p><input checked="" type="checkbox"/></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, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS [REDACTED] no monthly progress note for 1/2015.</p>	<p>[REDACTED]</p> <p>TO PREVENT THIS FROM HAPPENING IN THE FUTURE, TO REMIND MYSELF TO DOCUMENT ON A MONTHLY BASIS OR MORE OFTEN AS APPROPRIATE FOR ANY CHANGES TO EACH RESIDENTS, I WILL HAVE MY 1 YEAR CALENDAR HIGHLIGHTED FOR THE FIRST OF EACH MONTH FOR ME TO REMEMBER AND HAVE IT VISIBLE FOR ME AND FOR SUBSTITUTE CARE GIVERS.</p>	<p>2-6-15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]	[REDACTED]	2-6-15

TO PREVENT THIS FROM HAPPENING IN THE FUTURE, WHEN I ADMINISTER ~~PRN~~ ^{BP} ~~TO ANY RESIDENTS~~ MEDICATIONS, I WILL DOCUMENT TO EACH RESIDENTS, I WILL MAKE SURE TO DOCUMENT ON THEIR PROGRESS NOTES AS SOON AS I GIVE THE MEDICATIONS, I WILL DOCUMENT DATE, TIME AND ANY CHANGES IMMEDIATELY, THIS PROCEDURE WILL ALSO BE REQUIRED FOR SUBSTITUTES TO PREVENT INCOMPLETE DOCUMENTS

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Date:

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