

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Liabelle Cadiz ARCH	CHAPTER 100.1
Address: 94-967 Lumioahu Street , Waipahu, Hawaii 96797	Inspection Date: July 7, 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><b>FINDINGS</b> No physical exam:</p> <ul style="list-style-type: none"> <li>Substitute care giver (SCG) [REDACTED] Submit copy with plan of correction (POC).</li> </ul>	<p>#1. [REDACTED]</p> <p>#2. To prevent similar deficiencies from recurring in the future, I have created a check list with "due dates" for each staff and family members as to when to renew his/her annual physical examination.</p>	11/18/15
<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>#1 [REDACTED]</p>	11/18/15

Rules (Criteria)	Plan of Correction	Completion Date
<p><b>FINDINGS</b> No tuberculosis clearance:</p> <ul style="list-style-type: none"> <li>• SCG [redacted] Submit copy with POC.</li> </ul>	<p>(#2) To prevent similar deficiencies from recurring in the future, I have created a checklist with due dates for each staff and family member as to when to renew his/her annual TB clearance.</p>	<p>11/18/15</p>
<p><input checked="" type="checkbox"/> §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>[redacted]</p> <p>(#2) In order to prevent this deficiency from happening again, I have written a policy and procedure about incident reporting and shared the information with my substitute caregivers.</p>	<p>7/15/15</p>
<p><b>FINDINGS</b> Resident [redacted]</p> <ul style="list-style-type: none"> <li>• [redacted]</li> <li>• [redacted]</li> </ul>	<p>(#1) [redacted]</p> <p>(#2) I can prevent this deficiency from recurring again by documenting the reason why I am giving a prn medication and reassessing the effectiveness or response to the medication by the resident each time I administer a prn medication. In addition I also trained my SCG to do the same.</p>	<p>7/15/15</p>

Licensee/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

[redacted signature]

Liabelle C. Cadiz

11/18/15