

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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15 MAY 28 11:41

Facility's Name: Rose Hwang's Care Home	CHAPTER 100.1
Address: 1755 Palamoi Street, Pearl City, Hawaii 96782	Inspection Date: March 18, 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>• Primary care giver (PCG.) <b>Submit copy with plan of correction (POC.)</b></li> <li>• Substitute care giver (SCG) <b>Submit copy with POC.</b></li> </ul>	<p>[REDACTED]</p> <p>For. [REDACTED]</p>	[REDACTED]
<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>	[REDACTED]

will do best to avoid from happening 5/22/15 again by checking the status of family's annual physical exam. Thank You!  
I write it down on my monthly calendar for reminders.

	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>	[redacted]	5/15/15
<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> No first aid certification:</p> <ul style="list-style-type: none"> <li>• PCG [redacted] Submit copy with POC.</li> <li>• SCG [redacted] Submit copy with POC.</li> <li>• SCG [redacted] Submit copy with POC.</li> </ul>	[redacted]	n 5/2/15 n 4/2/15
<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><b>FINDINGS</b> Unsecured toxic chemicals:</p> <ul style="list-style-type: none"> <li>• Off Bug Spray, WD40, Quick Wax and three (3) cans of spray paint in garage, where residents have seating.</li> <li>• Liquid ant bait in Resident [redacted] bedside drawer.</li> </ul>	<p>PCG asked each and everyone of us to remember their own expiration date and keep up to date. And at the same time PCG will keep checking the dates and log on to my calendar to prevent from happening again. Thank You!!!</p> <p>PCG was not aware of the danger with these products in the garage while residents were seating. Since they enjoy seating in the garage, PCG immediately removed all these products in the heater room or lockable room. It is now away from the residents area. PCG</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</p>		3/18/15

understood under food sanitation rule, PCG will better monitor and will not happen again.  
Thank You!!!

	Rules (Criteria)	Plan of Correction	Completion Date
	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;  <b>FINDINGS</b> [Redacted]	[Redacted]	[Redacted]
<input checked="" type="checkbox"/>	§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.  <b>FINDINGS</b> Kitchen: Indeterminable dark flecks that look like roach droppings on shelves of both "lazy susans".	So PCG will give as needed and will write the progress note of the response to the medication each time resident took it. which means PCG will write why PRN medication was given & response to the medication after taken.	[Redacted]

↳ PCG cleaned the whole kitchen cabinets with Dawn Thank You!!!  
 dish washing detergent and water with clean cloth after the inspection on same date. Including the drawals of all the utensils! It is now very cleaned and will clean it periodically to prevent <sup>from future</sup> happening. PCG will not disappoint you again.

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

Print Name: Rose L. Hwang

Date: 5/26/15