

Office of Health Care Assurance

State Licensing Section

15 DEC 14 P1:27

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

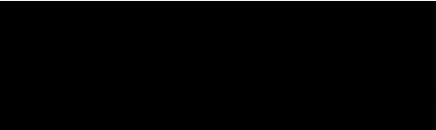
STATE OF HAWAII
H. H. POWERS, LICENSING

Facility's Name: Leticia's Care Home	CHAPTER 100.1
Address: 1375 Ala Hoku Place, Honolulu, Hawaii 96819	Inspection Date: November 6, 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 [REDACTED] PROVIDE COPY OF CURRENT PE WITH PLAN OF CORRECTION (POC).</p>	<p>[REDACTED]</p> <p><i>In the future, all new SCGs will have to provide me an updated physical examination before working in my care home.</i></p>	<p>12/8/15</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>FINDINGS SCGs [REDACTED] no current tuberculosis (TB) test on file.</p>	<p>[REDACTED]</p> <p><i>In the future, I'll make sure that it's properly filed.</i></p>	<p>12/5/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	PROVIDE COPIES OF CURRENT TB TEST FOR BOTH SCG's WITH POC.		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS</p> <p>1. [REDACTED] CLARIFY ORDER WITH PHYSICIAN.</p> <p>2. [REDACTED] CLARIFY ORDERS WITH PHYSICIAN.</p>	<p>[REDACTED]</p> <p><i>In the future I will ask the physician to put a stop date on medications that are not ordered permanent. I will have my SCG double check all orders received from the physician.</i></p>	11/30/15
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p>FINDINGS Resident [REDACTED] medication listed on emergency data sheet are incomplete. Unavailable medication omitted but not discontinued by physician.</p>	<p>[REDACTED]</p> <p><i>my SCG will double check the Emergency Data Sheet each time the physician changes the medication to ensure it is correct.</i></p>	11/30/15

Licensee/Administrator's Signature



Print Name: TESSIE FERNANDO

Date: 12/10/15

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Licensee's/Administrator's Signature

Print Name: TESSIE FERNANDO

Date: 2/08/16