

Office of Health Care Assurance

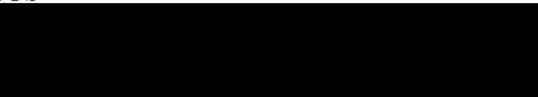
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sagaysay, Makrina (ARCH)	CHAPTER 100.1
Address: 1112 Kopke Street, Honolulu, Hawaii 96819	Inspection Date: May 28, 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><u>FINDINGS</u> No physical exam:</p> <ul style="list-style-type: none"> Substitute care giver (SCG) [REDACTED] Submit copy with plan of correction (POC). 	<p>1) SCG [REDACTED] No Longer Resides @ 1112 Kopke St. and IS No Longer a SCG</p> <p>2) In the Future I will Create a check List showing SCG # on who Completed Their Annual Physician Examine</p>	2/18/16
<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) SCG [REDACTED] No Longer Resides @ 1112 Kopke St. and IS No Longer a SCG</p>	2/18/16

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS No tuberculosis clearance:</p> <ul style="list-style-type: none"> • SCG [REDACTED] Submit copy with POC. 	<p>1) In the future I will create a check list showing SCG's on who completed their Tuberculosis Clearance.</p>	<p>2/18/16</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS No documentation of training by primary care giver (PCG) for:</p> <ul style="list-style-type: none"> • SCG [REDACTED] • SCG [REDACTED] • SCG [REDACTED] • SCG [REDACTED] <p>Submit copy with POC.</p>	<p>1) I Developed a check list of skills they need to work here and they have each demonstrated those skills back to me I signed and dated that training.</p> <p>2) In the future I will use this check list to train any new SCG In addition when I learn other skills I will add them to the check list so my SCG will have up to date info</p>	<p>2/18/16</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p>FINDINGS No thermometer to check cold food temperatures.</p>	<p>1) It was brought to my attention that I need a thermometer that register both hot/cold. My thermometer was only a probe for hot - Found one at Long Drugs a bought it. will now only use that thermometer</p> <p>2) I will continue to use this thermometer for residents food IF it breaks gets lost I will replace it ASAP and train all my SCG to do the same.</p>	<p>2/18/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS No record or legend of care givers' names for initials on medication administration record (MAR).</p>	<p>1) I have now corrected Added. Legends of CG names for Initials on Medication Admin Records (MAR) 2) In the Future I will make sure a Legend is provided to identify the Initials on all MAR</p>	2/18/16
☒	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS Resident </p>	<p>1) I have now Bought a Separate Folder to Place Incidents Reports away from Residents Binder. 2) I also Bought xtra Folders and Labelled them for Incident Reports only to make sure it don't happen again.</p>	2/18/16
☒	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p>	<p>1) I have made the corrective changes on the wrong year labeled 3/1/14 instead of March 2014</p>	2/18/16

	Rules (Criteria)	Plan of Correction	Completion Date
	<u>FINDINGS</u> March 2015 MAR labeled with incorrect year: 3/1/14.	2) In the Future I will make sure to double check the accuracy of all records especially dated records and reports	2/18/16

Licensee's/Administrator's Signature: _____



Print Name: _____

MAKrina Sagaysay

Date: _____

2/18/16