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Office of Health Care Assurance

16 APR -7 AM '13

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Emy's	CHAPTER 100.1
Address: 94-1228 Halelehua Street, Waipahu, Hawaii 96797	Inspection Date: December 2, 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> (f)(2) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be able to provide personal care to the residents, including bathing, dressing, transferring, feeding, and transporting residents, and be able to provide care as stipulated in the schedule of activities or care plan;</p> <p><b>FINDINGS</b> No documentation for training of the substitute care giver (SCG) by the primary care giver to make medication available and to provide personal care to residents. Please submit documentation with the plan of correction (POC).</p>	<p>Here's a copy of my substitute care giver training.</p>	<p>Jan. 01, 2016</p>
		<p>Future plan is to review and check all my documentation before my inspection come and file the documentation in the special section of my care home folder. Every December is my annual inspection.</p>	<p>August 8, 2016</p>

<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>Dec. 3, 2015</p>
	<p><b>FINDINGS</b> Toxic chemicals unsecured as follows:</p> <ol style="list-style-type: none"> <li>1. Resident bathroom, one (1) container of bleach and three (3) cans of household cleaner, "AJAX".</li> <li>2. Outdoor laundry, one (1) container of bleach.</li> </ol>	<p>I removed the bleach &amp; household cleaner, Ajax &amp; outdoor laundry container bleach Dec. 3, 2015 &amp; locked it in the cabinet. After using the bleach, put it back in the locked cabinet &amp; make sure to tell every body to do the same.</p>	<p>Dec. 3, 2015</p>
<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 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><b>FINDINGS</b> Resident #1, "Plan of Care/Activities Schedule" notes, Physician note reads, however, no activities schedule update, taking M.D.'s direction into consideration.</p>	<p>Resident #1, there's no need to change plan of activities schedule because refused to attend group therapy &amp; refused primary doctor &amp; psychiatrist are aware Here's note fr. Dr. dated 1/7/16 &amp; Dr. dated 1/12/16</p>	<p>1/7/16 1/12/16</p>
		<p>Once a year discussed &amp; review with the resident #1 about  in the near future, Refused to attend a group therapy Doctor &amp; Psychiatrist are both aware</p>	<p>August 8, 2016</p>



§11-100.1-17 Records and reports. (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.

FINDINGS

Resident #1, "Resident Emergency Information" form does not reflect current medications, diet and annual tuberculosis screening.

Resident Emergency Information form copy of resident #1 dated Jan. 7, 2016. Regular Diet. TB result & current medications

1/7/16

Review and check every year if my documents are updated.

August 8, 2016

<input checked="" type="checkbox"/>	§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(H)	<i>Give copy to resident #1</i>	<i>1/1/16</i>
	Residents' rights and responsibilities:  Each resident shall:  Perform services for the Type I ARCH or the primary and substitute care givers only when agreed to by the resident, resident's family, resident's legal guardian, surrogate or representative, and shall be documented;  <b>FINDINGS</b> Resident #1, during the inspection, washed plates and utensils following the noontime meal. PCG states  ; however, no written statement by the resident <u>and</u> family documenting that the resident agrees to do housekeeping services listed was available. <b>Please obtain a written statement by the resident and family regarding housekeeping services listed and submit documentation with your POC.</b>	<i>Here's the consent form doing chores in the house. Signed by dated Dec. 25, 2015</i>	<i>Dec. 25, 2015</i>
		<i>In the future if resident is willing to do chores at care home facility, have legal guardian or family sign a consent form.</i>	<i>August 8, 2016</i>

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Licensee's/Administrator's Signature: Emerita Remular

Print Name: EMERITA REMULAR

Date: April 5, 2016

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Licensee's/Administrator's Signature: Emerita Remular

Print Name: EMERITA REMULAR

Date: August 8, 2016