

Office of Health Care Assurance

State Licensing Section

RECORDED

13 NOV 2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Indel's | CHAPTER 100.1 |
| Address: 58-109 Kaunala Street, Haleiwa, Hawaii 96712 | Inspection Date: November 13, 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> PCG no current physical exam.</p> | <p><i>I will write in the calendar or my desk calendar if when is the due or expiration of my physical exam. So I don't forget.</i></p> | |
| <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><u>FINDINGS</u> Resident #1 following physician ordered medications not made available for use; [REDACTED]</p> | <p><i>I will write on my desk calendar the date when to refill my residents' medicines every month. I refilled the [REDACTED] and [REDACTED] that day and available for the resident at that same day.</i></p> | |

How?

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|---|--|--|--------|
| | [REDACTED] | <i>I will not throw away any dr medicine.</i> | |
| ☒ | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS PCG completed 9/12 hours of CEUs in past 12 months. Submit remaining CEUs with the plan of correction (POC).</p> | <p><i>I will make sure to earn (12) hours of continuing education together with all my substitutes which I already asked [REDACTED] to schedule for [REDACTED]. Completed 3 hrs. CEU</i></p> | 3/5/16 |
| ☒ | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS SCG#1 completed 9/12 hours of CEUs in past 12 months. Submit remaining CEUs with the POC.</p> | <p><i>SCG#1 completed 3 hrs of CEU.</i></p> <p><i>Scheduled already made [REDACTED] for the 12 hrs - for [REDACTED]</i></p> | 3/5/16 |
| ☒ | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> | <p><i>I already asked [REDACTED] [REDACTED] schedule for (12) hours CEU for [REDACTED]</i></p> | |

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|--|---|--|---------------|
| | <p>FINDINGS SCG#2 completed 9/12 hours of CEUs in past 12 months. Submit remaining CEUs with the POC.</p> | <p>SCG #2 attended (3) hrs class [redacted] & already schedule (12) hrs of CEU [redacted] for 2016</p> | <p>3/5/16</p> |
| <p><input checked="" type="checkbox"/></p> | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS SCG#3 completed 9/12 hours of CEUs in past 12 months. Submit remaining CEUs with the POC.</p> | <p>SCG #3 attended 3 hrs of CEU [redacted] & will schedule 12 hrs. CEU @ [redacted] for 2016.</p> | <p>3/5/16</p> |

Licensee's/Administrator's Signature: Indelicia Brillante

Print Name: INDELICIA BRILLANTE

Date: March 23, 2016

Licensee's/Administrator's Signature: Indelicia Brillante

Print Name: INDELICIA BRILLANTE

Date: 4/25/16