

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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Facility's Name: Leonila Nuesca (ARCH)	CHAPTER 100.1
Address: 94-946 Mapala Place, Waipahu, Hawaii 96797	Inspection Date: June 10, 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 No physical exam.</p> <ul style="list-style-type: none"> Family member (FM) #1. FM #5. <p>Submit copy with plan of correction (POC).</p>	<p>I told family member #1 & #5 to get PE copies to MD</p> <p>I will use a calendar to keep track of PE; also use a checklist to keep track of PE expiration date.</p>	<p>FM #1 7/30/2015</p> <p>FM #5 4/26/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> No tuberculosis clearance:</p> <ul style="list-style-type: none"> • FM #1. • FM #5. <p>Submit copy with POC.</p>	<p>= FM #1 went to visit attending physician and had filled & signed the TB risk assessment & receiving form</p> <p>= FM #5 went to visit attending physician & had a PPD test done & a negative result (0mm) reading</p> <p>• I will use a check list to keep track of expiration date.</p> <p>• I will use a calendar</p>	<p>7/30/2015</p> <p>6/24/15</p> <p>6/26/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1:</p> <ul style="list-style-type: none"> • No signed "Resident Financial Statement". 	<p>I use the form Resident Financial Statement that my nurse consultant gave me and have it filled out & signed by the residence guardian & date it on the day it was signed and place it in residence records.</p>	<p>7/10/15</p>
		<p>I will make a list of impt. documents to keep in residents file. When I take out the file I will keep track but with one & make sure I don't lose impt documents. I will back my substitute caregivers to do the same thing.</p>	

Licensee's/Administrator's Signature: Leonila Nuesca
Print Name: Leonila Nuesca
Date: 3/20/2014

Licensee's/Administrator's Signature: Leonila Nuesca
Print Name: Leonila Nuesca
Date: 8/3/2016