

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: De Vera, Loretta (ARCH)	CHAPTER 100.1
Address: 94-865 Mokuahi Street, Waipahu, Hawaii 96797	Inspection Date: May 14, 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 of primary care giver (PCG) training for substitute care giver (SCG): [REDACTED]</p> <p>Submit copy with plan of correction (POC).</p>	<p>This PCG retrained [REDACTED] with satisfactory outcome. Their respective copies of training are enclosed.</p> <p>From now on, each time I have a new SCG in my CH, I will train the new SCG using the PCG/SCG Training Checklist provided by DOH-OHCA. This document is filed together with other requirements filed in my ARCH folder for every caregiver.</p>	<p>June 20, 2015</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(C) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each Type I ARCH shall have a written plan for the safe care and evacuation of residents to areas of refuge in case of emergency. This plan shall be reviewed, and updated as necessary, whenever there is a significant change in the physical or mental condition of a resident or whenever a new resident enters the facility. All personnel shall be instructed in their respective duties in carrying out this plan. The written plan with directional diagrams shall be posted in a conspicuous location within the facility;</p> <p><b><u>FINDINGS</u></b> Evacuation directional diagram does not reflect the current floor plan. Hallways, position of walls in living room and position of back fire exit, not accurately drawn.</p>	<p>Evacuation plan diagram has been revised to resemble correctly and accurately with actual floor plan. From now on every year and anytime there is a change on my floor plan, I will review to ensure that my evacuation plan matches accurately with my floor plan.</p>	<p>May 31, 2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	inspector or department upon request;  <u>FINDINGS</u> No documentation of staff participation in fire drills [REDACTED] [REDACTED]	Fire drill is being conducted any Saturday of each month. Before fire drill is conducted, I will note down immediately all the participant's identification to ensure that all are accounted for accurately.	May 16, 2015

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: February 17, 2016