

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

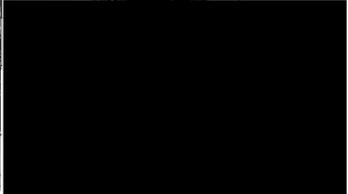
Facility's Name: Myles Care Home	CHAPTER 100.1
Address: 719 S. Kei Place, Kahului, Hawaii 96732	Inspection Date: January 29, 2015 Annual

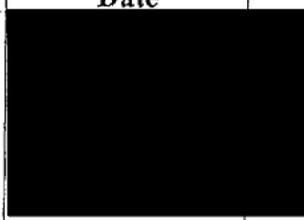
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been 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 For substitute care giver #1, no current physical examination.</p>	<p>I will mark on the calendar when our Physical Exams are due + make appt. a head of time. and make sure it is done</p>	<p>Physical Exam was done on 01-29-2015</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (2)(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>FINDINGS No substitute care giver training by the primary care giver, for substitute care giver #1, to administer medication and to provide personal care to residents.</p>	<p>In the future I will give training on my substitute care giver #1. I will use the training check list. I will show [redacted] how to do personal care + let [redacted] do it. I will teach [redacted] the 5 Rights w/ giving medications + remind her to always read the label before + after giving medication. I will also document + put the form in my folder.</p>	<p>Training was done + documented 02-05-15</p>
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	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p>FINDINGS No metal stem thermometer that starts at 0° F.</p>	<p>I will ^{on every} the substitute care givers to check that make sure a digital stem thermometer is always available. I instructed them to get another one just in case it's broken or misplaced.</p>	<p>[REDACTED]</p> <p>02-05-2015</p>

☒	<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</p>	<p>I will write a reminder note / sign medication sheet & put it on the indicator</p>	<p>[REDACTED]</p>
	<p>the medication was made available to the resident.</p> <p>FINDINGS For Resident #1 [REDACTED], no documentation in the medication record if medication was administered, refused or not available.</p>	<p>door where it can be seen. I will instruct all my substitute care givers to do the same thing. I will also put write on the calendar sign medication sheet.</p>	<p>[REDACTED]</p> <p>01-29-2015</p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> For Resident #1, no schedule of activities.	In the future I will use the admission check list & use folder divider & put label on the resident's folder so I know what form is missing. I will also review & update if necessary & inform all my substitute care givers of changes.	 02-01-2015
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> For the primary care giver, documentation not complete in the current tuberculosis attestation form; i.e., no documentation for "name" information or "record of previous positive tuberculosis skin test".	In the future before going to the clinic I will fill out all the necessary information. I will highlight everything the doctor needs to fill out & double check before leaving the clinic. I will also instruct all my substitute care givers to do the same thing.	 01-29-2015
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms: Bedroom furnishings:	I will constantly check make sure make sure there is always plastic pillow protector on firm pillows.	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p>FINDINGS For Bedroom #2 and Bedroom #3 bed (a) - no pliable plastic pillow protectors.</p>	<p>I will also instruct the resident to let me know if they need one. I will always keep extra pillow protectors. For residents that bring their own personal pillows I will put their name on it. I will also instruct all my substitute care givers.</p>	 02-02-15

Licensee/Administrator's Signature: *[Signature]*
Print Name: VICTORIA R. PARANADA
Date: 03-02-2016

Licensee/Administrator's Signature: *[Signature]*
Print Name: Victoria R. Paranada
Date: 05-12-2015