

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Selga, Natividad (ARCH)	CHAPTER 100.1
Address: 45-933 Kealahala Place, Kaneohe, Hawaii 96744	Inspection Date: September 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> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS Substitute care givers [redacted] No documentation of training by primary care giver to make medications available to residents and properly record such action.</p>	<p>I submitted documentation of training with plan of correction</p> <p>SCG [redacted] Pass SCG [redacted] Pass SCG [redacted] Pass SCG [redacted] Pass SCG [redacted] Pass</p> <p>when ever I take a new substitute of care giver I will document training before care giver start work for me</p>	<p>10/1/15</p> <p>2/28/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p>	<p>I removed triancalon cream, sling relief, radime pad from First Aid Kit</p>	<p>March 16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS</p> <p>[REDACTED]</p>	<p><i>In the future I will only place items in the first-aid kit that makes suggested list from Office of Health Care Assurance</i></p>	<p><i>March 8/16</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p>FINDINGS Resident [REDACTED] Dental visits [REDACTED] not reflected in progress notes.</p> <p>Resident [REDACTED] APRN visits [REDACTED] not reflected in progress notes.</p> <p>Resident [REDACTED] Physician office visits [REDACTED] not reflected in progress notes.</p>	<p><i>In the future whenever the resident has an appointment with other professional personnel or any medical visits I will write the consultation in my progress notes.</i></p>	<p><i>March 8/16</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS Resident [REDACTED] No incident report for leg injury sustained</p>	<p><i>In the future whenever an unusual incidents occur I will make an incident report with a corresponding progress note. I am submitting a copy of a late incident report with the plan of correction. I made a progress note observed by the consultant during inspection.</i></p>	<p><i>March 8/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	[redacted] after returning [redacted]		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms: Bedroom furnishings: 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 Resident [redacted] No plastic pillow protector.</p>	<p>Date incident report is submitted a plan of correction for pillows owned by the resident I will mark their pillows w/ their names ^{as permanent ink} by the resident I provided plastic pillow protector. In the future when there is new admission I will either white permanently; mark residents Pillow or provide a plastic Pillow Protector</p>	<p>March 8/16 March 8/16</p>

Licensee's/Administrator's Signature: [redacted]

Print Name: [redacted]

Date: 3/14/2016