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Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION STATE OF HAWAII  
D.H.H.S. LIC. FILE # 10

Facility's Name: Soriano Care Home	CHAPTER 100.1
Address: 2307 North School Street, Honolulu, Hawaii 96819	Inspection Date: September 8, 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><b>FINDINGS</b> Substitute care giver #3 No initial/annual physical examination. <b>Submit copy of substitute care giver #3 physical examination with your plan of correction.</b></p>	<p><i>In the future, if SCG does not have current PE. they will not come to work until they have PE. Substitute caregiver # 3 is no longer work here after the inspection.</i></p>	<p>5-8-16</p>
<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><b>FINDINGS</b> Substitute care giver #3 No initial/annual tuberculosis</p>	<p><i>In the future, if SCG does not have TB clearance, they will not come to work until they have PE. Substitute caregiver # 3 is no longer work here after the inspection.</i></p>	<p>5-8-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	clearance. Submit copy of substitute care giver #3 tuberculosis clearance with your plan of correction.		
<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><b>FINDINGS</b>  Substitute care givers #1, #2, #3 No documentation of training by primary care giver to make medications available to residents and properly record such action. <b>Submit documentation of training by primary care giver with your plan of correction.</b></p>	<p><i>In the future, SCG will not work until I have document training to make meds available &amp; document it.</i></p>	<p><i>2-3-2014</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(6)  During residence, records shall include:</p> <p>All recordings of temperature, pulse, respiration as ordered by a physician, APRN or as may appear to be needed. Physician or APRN shall be advised of any changes in physical or mental status promptly;</p> <p><b>FINDINGS</b>  Resident #1 weight loss of [redacted] pounds between [redacted]. No documentation that physician or APRN advised.</p>	<p><i>In the future, I will notify the MD when there is a wt. loss [redacted] and document the discussion in the MD.</i></p>	<p><i>2-3-2014</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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><b>FINDINGS</b> Resident #1 No documentation of physician office visits [REDACTED]</p>	<p>In the future, I will document every professional consultation right after the resident returns.</p>	<p>2-3-14</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(3)(B) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Doors:</p> <p>When multiple locking devices are used on exits, a maximum of two locking mechanisms for egress shall be allowed;</p> <p><b>FINDINGS</b> Fire exit #1 three operable locks on fire exit. Fire exit #2 three operable locks on fire exit.</p>	<p>In the future, before installing additional locks, I will consult my nurse consultant before installing. - no. 3 locks already removed after the inspection: #1 + #2 Fire exit Fire exit</p>	<p>May 8-14</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	plan addressing resident problems and needs.  <u>FINDINGS</u> Resident #1 No current annual flu immunization.	In the future, I will keep a calendar + keep track of all immunizations complete before they are over due. copy of enclosed, Resident #1 annual flu shot for Resident #1	May 8-14

Licensee's/Administrator's Signature: Helen V. Soriano

Print Name: HELEN V. SORIANO

Date: 2-9-14

Licensee's/Administrator's Signature: Helen Soriano

Print Name: HELEN SORIANO

Date: 5-8-14