

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tadeo	CHAPTER 100.1
Address: 17-566 S. Ipuaiwaha Street, Keaau, Hawaii 96749	Inspection Date: February 10, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH;</p> <p><b>FINDINGS</b> Primary care giver, no current first aid certification.</p>	<p>I REQUESTED A REPLACEMENT CARD, WHICH INCLUDES CPR/AED FOR PROFESSIONAL RESCUERS WITH FIRST AID <sup>TRAINING</sup> <del>TRAINING</del> FOR PRIMARY CAREGIVER, AND RECEIVED IT ON 2-25-14</p> <p>TO PREVENT THIS FROM HAPPENING IN THE FUTURE, I NEED TO INSPECT ALL MY PAPERWORK PERIODICALLY, AND MAKE CORRECTIONS IMMEDIATELY.</p>	2-25-14
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p>	<p>I REQUESTED A REPLACEMENT CARD, WHICH INCLUDES CPR/AED FOR PROFESSIONAL RESCUERS WITH FIRST AID TRAINING FOR MY SUBSTITUTE CAREGIVERS #1 AND #2. I RECEIVED NEW CARD ON 2-25-14</p>	2-25-14

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> Substitute care giver (SCG) #1 and SCG #2, no current first aid certification.</p>	<p>TO PREVENT THIS FROM HAPPENING IN THE FUTURE WHEN RECEIVING CPR/FIRST AID CARDS I WILL MAKE SURE TO LOOK IT OVER FOR ANY ERRORS, I WILL NOTIFY INSTRUCTOR TO MAKE CORRECTIONS IMMEDIATELY, I WILL MARK MY CALENDAR TO REMIND MYSELF</p>	<p>2-25-16</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><b>FINDINGS</b> No documented menu substitutions.</p>	<p>AS OF 2-10-16, I DOCUMENTED MY MENU SUBSTITUTION.</p> <p>TO PREVENT THIS FROM HAPPENING IN THE FUTURE, WHILE PREPARING MEALS FOR MY RESIDENTS, I WILL LOG ALL FOOD SUBSTITUTION WHICH MEETS THE DAILY NUTRITIONAL NEEDS AND DIET PRESCRIBED BY STATE AND NATIONAL DIETARY GUIDELINES, ON THE BACK OF MY MENU IMMEDIATELY TO PREVENT FORGOTTENESS.</p>	<p>2-10-16</p>
<p><input checked="" type="checkbox"/></p>	<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><b>FINDINGS</b> No metal stem thermometer for measuring cold food temperatures.</p>	<p>PURCHASED METAL STEM THERMOMETER FOR MEASURING COLD FOOD.</p> <p>TO PREVENT THIS FROM HAPPENING IN THE FUTURE I WILL MAKE SURE TO HAVE KITCHEN THERMOMETERS WORKING PROPERLY AND REPLACED IMMEDIATELY SO I HAVE THERMOMETER AVAILABLE IN PREPARING HOT AND COLD MEALS</p>	<p>2-11-16</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-23 <u>Physical environment</u>. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws</p>	<p>PLACED BOTTLED WATER AND CANNED JUICE 6" ABOVE FLOOR..</p> <p>TO PREVENT THIS FROM HAPPENING IN THE FUTURE, I WILL MAKE A SIGN STATING "BOTTLED WATER AND CANNED JUICE MUST BE PLACED 6" ABOVE FLOOR. I WILL POST IT ON THE WALL WHERE IT WILL BE STORED, TO REMIND MYSELF AND OTHER FACILITY STAFF</p>	<p>2-10-16</p>

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

Print Name: RIANALYN T. HANDY \_\_\_\_\_

Date: 3-10-14 \_\_\_\_\_

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

Print Name: RIANALYN T. HANDY \_\_\_\_\_

Date: 2-22-14 \_\_\_\_\_