

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Valley (DDDH)	CHAPTER 89
Address: 245 Valley Avenue, Wahiawa, Hawaii 96786	Inspection Date: November 17, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p>FINDINGS For Caregiver #1, the annual 8 hour in-service training requirement was not met. The in-service attended on August 5, 2015 for 3 hours included a session on Employee Benefit Services, which does not pertain to resident care and cannot be counted towards the annual 8 hour training requirement. (NOTE: Submit evidence of completing an additional 2 hours of training with your plan of correction.)</p>	<p>I will check monthly and ensure to obtain the total hours and all necessary in-service training. [REDACTED]</p> <p><i>Emerita Ringo</i></p>	<p>12/5/2015</p> <p>2-28-16</p>
		<p>[REDACTED] I will ensure that the in-services that I am attending is pertaining to resident care and by attending resident care in-services it will allow me to continue my education and learned new skills to betterment the care that I will provide to my clients and to avoid similar mistake in the future.</p> <p><i>Emerita Ringo</i></p>	<p>4/8/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-89-14 Resident health and safety standards. (d)(3) The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p>		
	<p>Each resident of the facility shall be certified annually by a physician that the resident is capable of self-preservation. A maximum of two residents not so certified may reside in the facility provided that a staff ratio of one-to-one is maintained, at all times, for each of these residents and there are no stairways which must be negotiated by such noncertified residents. As an alternative, the facility shall install an automatic sprinkler system, as defined in the national fire protection association's 101 life safety code.</p> <p>FINDINGS For Residents #2 and #3, a current self-preservation statement was not available.</p>	<p>In the future, when bringing the Residents to M.D., I will ensure to check thoroughly that all necessary questions has answered and checked before leaving the M.D.'s office. [REDACTED]</p> <p style="text-align: right;"><i>Emerita Ringor</i></p>	<p style="text-align: center;">1/21/16 2/23/2016</p> <p style="text-align: right;">2-28-16</p>

Licensee's/Administrator's Signature: *Emerita Ringor*

Print Name: EMERITA RINGOR

Date: 2-28-16

Licensee's/Administrator's Signature: *Emerita Ringor*

Print Name: EMERITA RINGOR

Date: 3-23-16

Licensee's/Administrator's Signature: *Emerita Ringor*

Print Name: EMERITA RINGOR

Date: 4-11-16