

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Bumanglag, Violeta (ARCH)	CHAPTER 100.1
Address: 2152 North School Street, Honolulu, Hawaii 96819	Inspection Date: April 8, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input 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>FINDINGS Substitute care giver (SCG) #2 No current first aid certification.</p>	<p>all Primary and substitute care givers must have current certification always.</p> <p>SCG #2 will have first aid training</p> <p>[REDACTED]</p>	<p>Before May 20, 2015</p>
		<p>make a calendar checklist when the substitute caregiver is due for "first aid" to avoid from occurring again. Notify the substitute caregiver that he is due. Help SCG to make arrangement for the training and get a certificate before it lapse.</p>	<p>5-12-15</p>

<input type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) 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 currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS</p>	<p>ALL Primary + Substitute Care givers always have a current certification in CPR. SCG #2 will have training in CPR [REDACTED]</p>	<p>Before May 20, 2015</p>	
	<p>SCG #2 No current CPR certification.</p>	<p>Make a calendar checklist when the substitute caregiver is due for CPR to ensure that it doesn't occur again. Notify the substitute care giver when he is due for CPR. Help SCG to make arrangement for the training and get a certificate before it expires.</p>	<p>5-12-15</p>	
<input type="checkbox"/>	<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</p> <p>No metal stem thermometer that measures cold and hot.</p>	<p>Always have a stem thermometer available for checking cold and hot food temperatures</p>	<p>April 10, 2015</p>	
	<p>My metal stem thermometer that measures hot + cold temp. for food runs out of battery upon inspection. Replaced to a new one. Check thermometer everytime before each use to prevent from happening again</p>	<p>4-9-2015</p>		

<p><input type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 [REDACTED] No progress notes for medication given [REDACTED]</p> <p>Resident #1 [REDACTED] No progress notes for medication [REDACTED]</p>	<p>Will write on Progress notes everytime PRN med is given to residents Re: [REDACTED] Now in Progress.</p> <p>write on Progress notes every time PRN med is given to residents - Re: [REDACTED] for Res #1 Now in Progress.</p>	<p>4-8-2015</p> <p>4-8-2015</p>
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Record in the medication record the name of the PRN med, dosage, frequency, route, date + time given then initial. In the progress notes document the name of the PRN med, frequency, dosage, route, + time given. Document also how the pt response to the PRN med given.

In the future, I'll make sure that all prn meds are documented correctly ^{in the} progress notes everytime it is given. Include name of med, frequency, route, dosage + time given. Also include pt, response to it, then initial.

4-9-2015

Licensee/Administrator's Signature: Violeta A. Bumanglag

Print Name: Violeta A. BUMANGLAG

Date: 5-4-2015



Licensee's/Administrator's Signature: Violeta A. Bumanglag

Print Name: VIOLETA A. Bumanglag

Date: 5-2-2016