

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hipol, Margarita (ARCH)	CHAPTER 100.1
Address: 3583 Kalihi Street, Honolulu, Hawaii 96819	Inspection Date: February 10, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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>FINDINGS No annual tuberculosis test or evidence of chest x-ray for SCG #1.</p>	<p>SCG #1, evidence of chest x-ray has been placed and a copy enclosed. In the future, I will make sure all residents and household members have updated tuberculosis test or evidence of chest x-ray.</p>	02.10.16
<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>FINDINGS No annual tuberculosis test or evidence of chest x-ray for SCG #2.</p>	<p>SCG #2, updated annual tuberculosis test has been placed and a copy enclosed. In the future, I will make sure all residents and household members have updated tuberculosis test or evidence of chest x-ray.</p>	03.23.16

<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 no physician order to discontinue the following medications on [REDACTED]</p>	<p>Resident #1, I had [REDACTED] physician signed for the discontinued medications: [REDACTED]. To prevent this from happening again, I will make sure to have the physician sign for new or discontinued medications for all residents.</p>	<p>04.15.16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>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><u>FINDINGS</u> Bedroom #2 missing pliable plastic pillow protectors on resident pillows.</p>	<p>Bedroom #2: Pliable plastic pillow protectors had been placed and followed by a linen pillow case on resident pillows. To prevent this from happening again, I will make sure to check all residents' pillows once a week and to replace pillow protectors as needed.</p>	<p>02.06.15</p>

Licensee's/Administrator's Signature: Margarita Hipol
 Print Name: MARGARITA HIPOL
 Date: AUG-30, 2016

Licensee's/Administrator's Signature: Margarita G. Hipol
 Print Name: MARGARITA G. HIPOL
 Date: 4/15/16