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Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION
 DJH-UNCA LICENSING

Facility's Name: Irene B. Alipio (ARCH)	CHAPTER 100.1
Address: 733 Iluna Place, Kahalui, Maui 96732	Inspection Date: June 12, 2015 Annual


	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) 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>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p>FINDINGS Primary care giver No continuing education hours between 6/14 to 6/15. Submit evidence of training sessions with your plan of correction (POC).</p>	<p>In the future, I will schedule myself for a 6-hour training before my annual inspection comes using the calendar. Monthly before my inspection comes.</p>	<p>8-30-2016 UBA</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Downy fabric softener, Tide detergent, Clorox bleach unsecured in resident accessible area.</p>	<p>11-100.1-14 Answer: after cleaning and using my cleaning solutions I have to put them away in a secured and locked area</p>	<p>7-31-2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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>FINDINGS Resident #1 physician order increase [redacted] to start [redacted], made available early [redacted].</p> <p>Resident #1 physician order to discontinue [redacted], documented as made available [redacted].</p> <p>Resident #1 physician order to increase [redacted] to start on [redacted], documented not made available until [redacted].</p>	<p>In the future when I receive the new MD order I will write it in the MAR. Right after I receive the MD orders. Forget. in the MAR. I will use daily checklist</p>	<p>8-30-2016 JW</p>
<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>FINDINGS Resident #1 No progress note for [redacted] exam [redacted] appointments [redacted] appointment [redacted].</p>	<p>In the future I will write in the progress notes from professional appointments after it happens. I didn't know progress notes daily.</p>	<p>8-30-2016 JW</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under</p>	<p>In the future I will write the incident report w/in 24 hours. Forget under separate cover added to my checklist daily.</p>	<p>8-30-2016 JW</p>


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	<p>separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS Resident #1 No incident report for [REDACTED] visit.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (e)</u> In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p>FINDINGS Resident #1 emergency information sheet reflects discontinued [REDACTED], and not [REDACTED]</p>	<p>In the future I will update the emergency information sheet whenever there is a change the information contain. Forgot residence chart use use the checklist daily.</p>	<p>8-30-2016 Uon</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p>	<p>In the future I will only mark when I give medication. I made mistake in my MAR. use the checklist, daily</p>	<p>8-30-2016 Uon</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	FINDINGS <div style="background-color: black; width: 100%; height: 50px;"></div>		

Licensee/Administrator's Signature: 


Print Name: IRENEA B. ALIPIO

Date: Dec. 23, 2015

Licensee's/Administrator's Signature: 

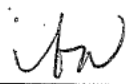
Print Name: IRENEA ALIPIO

Date: 8-30-2016

Licensee's/Administrator's Signature: 

Print Name: IRENEA ALIPIO

Date: 3-30-2016

Licensee's/Administrator's Signature: 

Print Name: IRENEA ALIPIO

Date: 8-02-2016