

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Castro's	CHAPTER 100.1
Address: 3354 Eono Street, Lihue, Hawaii 96766	Inspection Date: March 4, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS No documentation of training to make medication available to residents for substitute care giver.</p>	<p>I am using a checklist from Arch packet, In the future I am training my substitute caregiver or new person to work in my care home before starting to work. If checklist is not done, substitute or new person cannot start to work.</p>	<p>2/28/15</p>
<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>FINDINGS Pine-Sol, Odor Ban, Bleach, Comet cleanser unsecured on</p>	<p>I will make sure all toxic chemicals are secured and lock when not in use and I will make sure of all times</p>	<p>4/28/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	floor of laundry area.		
<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 not documented as made available from March 2014 to March 4, 2015.</p>	<p>In the future I am checking before and after each medication is given every day and to check daily if medication is available.</p>	<p>9/28/16</p>
<input checked="" type="checkbox"/>	<p>§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>FINDINGS Resident #1 No progress notes to reflect response to PRN medication given on the following dates:</p> <p>gtt OU PRN March 1, 2, 6, 9, April 1, 5, 9, 11 and May 2, 5, 9, 12, 14, 16, 18 of 2014.</p> <p>Q4 hours PRN March 2, 6, 12, 17, 21, 23, 27, 30, April 3, 9, 14, 18, May 1, 4, 7, 9, October 4, 8, 12 of 2014.</p>	<p>In the future I am using a daily checklist to alert me to go back and chart on the progress note. I will go back to chart on the progress record in one hour if medication is effective or not.</p>	<p>9/28</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>one to two PRN May 3, 5, 7, 10, October 6, 11, December 8, 13 of 2014.</p> <p>December 2, 2014.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B)</p> <p>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>FINDINGS</p> <p>Resident #2 No plastic pillow protector or permanent marking to indicate the pillow is owned by the resident.</p> <p>Resident #3 No plastic pillow protector or permanent marking to indicate the pillow is owned by the resident.</p>	<p>In the future I am marking each residents name on the plastic pillow protector on admission.</p>	<p>9/28/16</p>

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____

Licensee/Administrator's Signature: Julie Castro
Print Name: Julie Castro
Date: 5/4/15

Licensee's/Administrator's Signature: Julie Castro
Print Name: Julie Castro
Date: 9/28/16

Licensee's/Administrator's Signature: Julie Castro
Print Name: Julie Castro
Date: 10/25/16