

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Badua, Lily (ARCH)	CHAPTER 100.1
Address: 260 Ala Malama Avenue, Kaunakakai, Hawaii 96748	Inspection Date: August 14, 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><b>FINDINGS</b> Primary care giver only has four (4) hours continuing training. Submit copy of two (2) additional hours with plan of correction.</p>	<p>Deficient continuing training hours was completed on 10/1/14. Attached Copies.</p> <hr/> <p>TB attestation will be easily identified by surveyor on annual inspection. On 8/14/15, TB clearance completed on 1/27/15 and 10/15/15-attached.</p>	<p>10/1/14</p> <hr/> <p>11/25/14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b><u>FINDINGS</u></b> No thermometer in residents' refrigerator.</p>	<p>A thermometer was purchased for the residents refrigerator and shall be maintained at 45°F or lower.</p>	<p>09/01/2015</p>
☒	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><b><u>FINDINGS</u></b> No height recorded along with the recorded weight. Resident #1.</p>	<p>In the future, patient's records will include their height / weight. Annually this is being recorded on their PE and will also include this on their weight record as well.</p>	<p>09/01/2015</p>
☒	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(T) Residents' rights and responsibilities:</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Each resident shall:</p> <p>Provide the primary care giver with a fourteen day notice when wishing to transfer to another facility;</p> <p><b><u>FINDINGS</u></b>  General Operational Policies Residents Rights does not specify the length of time for a resident to give an ARCH notice of transfer.</p>	<p>The General Operational Policies Residents Rights have been adopted verbatim from the DOH - General Operational Policies for Residents Rights. Care giver will be assured that the 14 day notice will be stated on the form.</p>	<p>9/1/2015</p>

Licensee's/Administrator's Signature: Lily Badua

Print Name: LILY BADUA

Date: 11/25/16

Licensee's/Administrator's Signature: Lily O Badua

Print Name: LILY O M BADUA, CARE GIVER, CHO

Date: 09/1/2015