

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NOV 10 11:21 AM
 HONOLULU
 HAWAIIAN LICENSING

Facility's Name: Lusitana	CHAPTER 100.1
Address: 1925 Lusitana Street, Honolulu, Hawaii 96813	Inspection Date: August 7, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Licensee submitted request for waiver for 3rd expanded ARCH level of care resident December 10, 2015. Request from physician for proposed 3rd expanded level of care resident indicates that licensee currently has three non-self-preserving residents. Phone call to licensee 1/15/16 confirms</p>	<p><i>I understand that I may not have more than 2 non-self preserving residents in my Type I ARCH, per Hawaii Administrative Rules, Title II, Chapter 100-1-23(g)(3)(I). And I understand that this rule will not be waived for safety reasons of my residents. I am so sorry that I violated this rule. I explained this to the resident's family/ legal guardian. I gave the family/ legal guardian the no-pay written notice to transfer out the resident.</i></p>	<p><i>11/03/2016</i></p>

on March 10, 2016. She was then transferred out from my care home in March 28, 2016.

	Rules (Criteria)	Plan of Correction	Completion Date
	that licensee has three non-self-preserving residents in her care home.	<p><i>In the future:</i></p> <ul style="list-style-type: none"> - at the time of admission, I will explain inform the resident and the resident's family/legal guardian of all the facility policies and procedures. - when the time comes that the resident decline in his/her physical and mental status and I may not be able to safely provide his/her care and or meet the specific long term needs, I will notify his family/legal guardian and his PCT. 	11/09/2016

In the future:

- at the time of admission, I will explain inform the resident and the resident's family/legal guardian of all the facility policies and procedures.
- when the time comes that the resident decline in his/her physical and mental status and I may not be able to safely provide his/her care and or meet the specific long term needs, I will notify his family/legal guardian and his PCT.

(continuation at the back)

- ~~if the~~ if
- if I will have already 2 expanded, non-ambulatory residents in my care home, and if another resident will become an expanded level of care, I will notify/talk with the resident, resident's family/POA/legal guardian of his/her condition - that I cannot continue to care for him/her in my care home anymore because my license ^{Chapter 100.1 rule} does not allow me to have more than (2) non-self preserving residents in my care home.
 - I will give the resident and resident's family/legal guardian/POA no less than 30 days written notice to transfer out of my care home.

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STATE OF HAWAII
DEPT. OF LICENSING

Licensee's/Administrator's Signature: Carolyn De Guzman

Print Name: CAROLYN DE GUZMAN

Date: 3/23/16

Licensee's/Administrator's Signature: Carolyn De Guzman

Print Name: CAROLYN DE GUZMAN

Date: 9/28/16

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STATE OF HAWAII
DEPT. OF LICENSING

Licensee's/Administrator's Signature: Carolyn De Guzman

Print Name: CAROLYN DE GUZMAN

Date: 11/03/2016