

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Evelyn Valdez (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 91-1129 Kiwi Street, Ewa Beach, Hawaii	Inspection Date: February 14, 2017 – Annual Inspection

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

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17 MAY -5 P4:09

OFFICE OF LICENSING
STATE OF HAWAII

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> No PCG assessment of Resident #1 completed upon admission.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>The deficiency was corrected to assure it doesn't happen in the future since I am not able to document in the past.</i></p>	<p style="text-align: center; font-size: 2em;"><i>5/3/17</i></p> <p style="text-align: right; font-size: 0.8em;"> RECEIVED 17 MAY -5 P4:09 OFFICE OF THE ATTORNEY GENERAL </p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(1) 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: Documentation of primary care giver's assessment of resident upon admission; <u>FINDINGS</u> No PCG assessment of Resident #1 completed upon admission.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>In the future to make sure this does not happen again I made a checklist of documentation need on admission</i></p>	<p style="text-align: center;"><i>5/3/17</i></p> <p style="text-align: center;">RECEIVED MAY -5 P 4:09</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> No monthly progress note done for Resident #1 in January 2017.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>The deficiency was corrected to assure it does not happen in the future since I am not able to document in the past</i></p>	<p style="text-align: center;"><i>5/3/17</i></p> <p style="text-align: right;">RECEIVED MAY -5 4:09 17 DEPARTMENT OF HUMAN SERVICES</p>

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 OFFICE OF THE DIRECTOR OF HEALTH SERVICES

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> Monthly fire drills not conducted under varied conditions. The same scenario was practiced with the same meeting place from January 2016 – January 2017.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I corrected the deficiency by creating different fire drill scenarios making sure it occurs under varied conditions and times of the day.</p>	<p style="text-align: center;">5/3/17</p> <p style="text-align: right; font-size: small;">RECEIVED MAY -5 4:09 PM '17 DEPT OF LICENSING DH-DHCA LICENSES</p>

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Licensee's/Administrator's Signature: Exelyn Valdez

Print Name: Exelyn Valdez

Date: 5/3/17

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STATE OF TEXAS
DUH-OHCA LICENSES