

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Respicio, Maria (ARCH)	CHAPTER 100.1
Address: 328 Wainohia Place, Hilo, Hawaii 96720	Inspection Date: December 19, 2016 Annual

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

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS Substitute care giver (SCG) #1, SCG #2 and SCG #3, no current annual physical examination.</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>SCG #1 was sent to get a current Physical Exam.</p> <p>SCG #2 wasn't my SCG since 2016</p> <p>SCG #3 Physical Exam scheduled 12-3-17 and was scheduled for current Physical Exam on 02-01-17</p> <p>Place expiration of PE on a calendar as a reminder so I can remind my SCG to schedule or renew PE as they expire as a result, doing P.E. current.</p>	<p style="text-align: right;">02-10-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (a)	<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>SCG #1 was sent to get a current P.E.</p> <p>SCG #2 no longer say SCG.</p> <p>SCG #3 went to get a current P.E. on 2-1-17.</p> <p>To place expiration date of P.E. on a calendar as a reminder so I can remind my SCG to schedule or renew P.E. as they expire as a result, keeping P.E. current</p>	<p style="text-align: right;">02-10-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS SCG #1, SCG #2 and SCG #3, no current tuberculosis (TB) clearance.</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>SCG #1 has current TB clearance SCG #2 - no longer on SCG. SCG #3 - sent to obtain chest X-ray.</p> <p>To create a binder specifically for SCG use will contain all emp. documentation, P.E., TB, CPR and First Aid and place expiration dates of these documents on the calendar so I can keep documents current.</p>	<p style="text-align: right;">02-10-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (b)	<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> SCE # 1 was sent to get a current annual P.E. examination. SCE # 2 no longer my sub. SCE # 3 went to have his P.E. 02-01-17. </p> <p> = Make a binder specifically for SCE which will contain all imp. documents, P.E., TB, clearance, First Aid + CPR certification as well as place expiration dates of these documents on the calendar so I can keep documents current. </p>	<p style="text-align: right;">02-10-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid:</p> <p>FINDINGS SCG #1 and SCG #2, no current first aid certification.</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>SCG #1 has a current First Aid certification that expires on 2017 (October)</p> <p>SCG #2 not any substitute anywhere.</p> <p>= create a binder specifically for all SCG which will contain all important documents, PE, TB clearance First Aid + CPR certification as well as place expiration dates of these important documents in a calendar so I can keep documents current.</p>	<p style="text-align: right;">02-10-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (e)(3)	<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>SCG # 1 has current First Aid expire on Oct. 2017</p> <p>SCG # 2 no longer my SCG</p> <p>= To make a binder specifically for SCG wife will contain all important documentation CPR, TB, P.E. and First Aid certification as well as place expiration date of these documents on the calendar so I can keep documents current.</p>	<p style="text-align: right;">02-10-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #1 and SCG #2, no current cardiopulmonary resuscitation (CPR) certification.</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>SCG #1 has a current CPR expires Oct. 2017</p> <p>SCG #2 no longer my SCG.</p> <p>To make a binder specifically for SCG w/c will contain all (information) important documentation, CPR, P.E., First Aid certifications as well as place expiration dates of these documents on the calendar so I can keep documents current.</p>	<p style="text-align: right;">02-10-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (f)(1)	<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>SCG # 1 has CPR certification that will expire 10-2017</p> <p>SCG # 2 that my SCG advise to place expiration date of Physical Exam. on a calendar as a reminder so I can remind my SCG to schedule or renew CPR as they expire as a result, keeping CPR current.</p>	<p style="text-align: right;">02-10-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-15 (e)	<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>= To call the Physician to check in him if the med is okay to the give the client upon admission.</p> <p>= I do not administer the medication until I get order from the Dr.</p>	02-08-17

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (g)	<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> <i>= list all the medication and let the Dr sign it 7 3 mos or let him do it on time of visit.</i> </p>	<p style="text-align: right;"> <i>02-08-17</i> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (b)(7)	<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> <i>To make sure that when I take monthly mt. when I write it on the progress note I will do it on the monthly mt. form at the same time.</i> </p>	<p style="text-align: right;"> <i>02-10-17</i> </p>

Licensee's/Administrator's Signature: Maria V. Respicio

Print Name: MARIA V. RESPICIO

Date: 02-09-2017