

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ed & Rose	CHAPTER 100.1
Address: 94-1112 Kahuailani Street, Waipahu, Hawaii 96797	Inspection Date: July 29, 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> (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><u>FINDINGS</u> Substitute care givers #2, and #4 No documentation of initial two-step TB clearance. Submit copies of initial two-step TB clearances with your plan of correction.</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>I contacted / called caregivers #2, & #4 right away to submit the latest TB clearance</i></p> <p><i>Note: I'm still waiting for the new one I'm not giving them schedule since then</i></p>	<p style="text-align: right;"><i>7/29/16</i></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> <i>Before I'll hire or add a caregiver ill make sure that i have the proper Pb clearance & don't hire them without it</i> </p>	<p style="text-align: center;">7/29/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(3) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Response to disasters which would include evacuation, emergency shelters, and food supply, and as directed by the Civil Defense.</p> <p><u>FINDINGS</u> Care home disaster plan reflects that if home is not habitable residents will reside at August Ahrens Elementary School. No memorandum of agreement from August Ahrens Elementary School that if care home is not habitable that care givers and residents may reside at school. Submit copy of revised disaster plan with your plan of correction.</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>I corrected my Emergency plans, revised disaster plan (Attached)</i></p>	<p style="text-align: center;">7/29/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-12 (a)(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> <i>I should be aware & sensible on what i am writing on my Emergency plans & check if the designated place is spill available.</i> </p>	<p style="text-align: right;">7/29/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 No documentation of physical examination on or before admission.</p> <p>Resident #1 No documentation of two-step TB clearance on or before admission. Submit copy of two-step TB clearance with your plan of correction.</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>I acquired physical Exam from the primary physician.</i></p> <p><i>After my annual check on 7/29/16 I called Straub Milone for an APPT. the earliest date I got was given on 9/16/16 for step 1 ; 9/23/16 for 2 step & I got the result on 9/26/16 (TB clearance attached) for Resident #1</i></p>	<p><i>6/28/16</i></p> <p><i>9/26/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (a)(4)	<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>Before i will admit a client i will make sure that the physician will fill up the physical Exam form or i will not admit</p> <p>I will make sure that Step 2 clearance was given before i'll admit if not then i won't admit anyone without it</p>	<p>7/29/16</p> <p>9/26/14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 No documentation of physician office visits on 3/1/16, 3/3/16, 3/9/16, 3/15/16, 4/14/16, 5/16/16, 6/14/16, and 6/28/16.</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>After The visit or annual check even if it's late i made a documentation of physician office visits. i do it regularly since then</p>	<p style="text-align: center;">7/31/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (b)(8)	<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 will check my documentation on a day to day basis so that my recordings will not be late or behind "DO IT RIGHT AWAY" so not to forget it! all changes will be recorded & followed at all times!</p>	<p style="text-align: center;">7/31/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p>FINDINGS Resident #1 emergency information sheet reflects discontinued eyedrops; Alphagan, Azopt, and Latanaprost. Submit revised emergency information sheet with your plan of correction.</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 made a new Emergency Information sheet right away after i was corrected during my annual 7/29/16, and check again every after doctor's appointments.</p>	<p>7/29/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (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>In the future i will check the emergency information sheet of my Residents for every doctor's appt. For any changes of prescription, over the counter medicines, change this if right away.</p>	7/29/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> Path to the area of refuge from fire exit #2 partially obstructed by dog kennel.</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>I removed the dog kennel right away.</i></p>	<p style="text-align: center;"><i>7/29/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-23 (g)(3)(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> <i>I will maintain 32" pathway from fire exits by checking clearance everyday.</i> </p>	<p style="text-align: right;"> <i>7/29/16</i> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (1)(1) An enclosed dining area within the Type I ARCH shall be provided for residents which shall be apart from sleeping quarters but may be in continuity to the living room area. The following shall prevail:</p> <p>At least one table with twenty-nine inches clearance between floor and lower edge shall be provided to allow for those residents using wheelchairs;</p> <p><u>FINDINGS</u> Resident dining room table 26.5" clearance only.</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 raise up the table to make it 29"</p>	<p style="text-align: center;">7/28/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1 (1)(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 style="text-align: center;"><i>I will check every month if the inches required is still being followed</i></p>	7/28/16

Licensee's/Administrator's Signature: *Ramos*

Print Name: Rosalinda Ramos

Date: 10/19/16