

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

RECEIVED

'16 MAR 31 P 1:19

STATE OF HAWAII  
DHS-OMCA LICENSE

Facility's Name: Tablit, Elpidio (ARCH)	CHAPTER 100.1
Address: 94-544 Hahia Loop, Waipahu, Hawaii 96797	Inspection Date: February 26, 2016 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 completed three (3) continuing education hours, requirement is six (6) hours. Submit additional three (3) continuing education hours with your plan of correction. The three (3) hours you submit will only count for 2015 and six (6) additional hours will have:</p>	<p>Certificate of additional hours is attached. PCG attended sessions in October, but certificate was misfiled.</p> <p>Plan of Action: Annual reminder added to calendar to ensure proper training sessions are completed in a timely manner. Documentation of completed hours will be filed properly in the care givers folder.</p>	3/22/16

	Rules (Criteria)	Plan of Correction	Completion Date
	to be completed to meet the 2016 requirements.		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver.</p> <p><b>FINDINGS</b>  Resident #1 medication administration record for the evening and HS medication not signed as given or held for 2/25/2016 and AM medication for 2/26/2016 also not signed as given or held.</p>	<p>Review, retrain and enforce proper procedures with all who is responsible for administering medication to the residents. Records to be signed immediately once medications are given to each resident. Each day, records will be reviewed to ensure completion. If found incomplete, follow up will be made with the one responsible</p>	<p>3/22/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (g)(3)(G)  Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system.</p> <p><b>FINDINGS</b>  Smoke detectors last checked December 2015, no indication that smoke detectors have been checked since.</p>	<p>Monthly inspection of smoke detectors has been added to the monthly checklist/calendar. Each detector will be checked that it is in full working order and batteries have been replaced as needed. Upon completion, initial and date of check will be documented by the PCG.</p>	<p>3/22/16</p>

Licensee's/Administrator's Signature: Aurika Tablit / kumelia  
subit - subs

Print Name: EIPNDIOTablit sa-  
Aurika Tablit

Date: 3-22-16