

Office of Health Care Assurance

RECEIVED

State Licensing Section

'16 MAR 10 AM 1:56

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
IHA-ORCA LICENSING

Facility's Name: Hidalgo, Fely	CHAPTER 100.1
Address: 1308 Middle Street, Honolulu, Hawaii 96819	Inspection Date: February 12, 2016

	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 PCG no evidence of annual tuberculosis skin test or chest x ray.</p>	<p>Obtained a copy checklist made - to check requirements every 3 months. Copy provided</p>	<p>Feb. 15, 2016</p> <hr/> <p>2/16/16</p>
<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 no evidence of annual tuberculosis skin test or chest x ray.</p>	<p>Obtained a copy. checklist made - to check requirements every 3 months.</p>	<p>Feb. 15, 2016</p>

Need copy

<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p>FINDINGS Metal stem thermometer does not display both cold and hot temperatures.</p>	<p>Bought new metal stem thermometer that displays both hot + cold temp.</p> <p>To check thermometer daily and should be in use daily</p>	<p>Feb. 16, 2016</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p>FINDINGS Resident #1 emergency sheet does not list current medications; Meclizine HCL, Guaifenesin, or Fluphenazine.</p>	<p>To update all records (including emergency sheets) every after doctor's visits to make sure all current medication are all in emergency sheets.</p> <p>checklist made - check monthly and update if any.</p>	<p>Feb. 12, 2016</p>
<p>medications: Meclizine HCL, Guaifenesin, Fluphenazine added to the current medication list in the emergency sheet.</p> <p>checklist made - to make sure all current medication are listed in the emergency sheets</p>			<p>2/12/16</p>

oc/

WWD

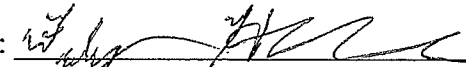
OK ✓

<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> No fire drill conducted in fourth quarter of 2015.</p>	<p>To make sure fire drill be conducted every 3 months. Checklist made - check documents every month or every 3 months.</p>	<p>Feb. 12, 2016</p>
-------------------------------------	--	---	----------------------

<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(C) Bedrooms:</p> <p>General conditions:</p> <p>Family members shall not sleep in residents' bedrooms;</p> <p><u>FINDINGS</u> SCG #1 residing in Resident Room #2.</p>	<p>SCG #1 vacated Rm # 2 and tidy up</p> <p>No family members shall not sleep in residents' bedroom.</p>	<p>Feb. 12, 2016</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedroom #1 no pliable plastic pillow protector.</p>	<p>pliable Plastic pillow protector provided/ supplied.</p> <p>Checklist made - to check pillow twice a month to make sure pillow has covered and they are clean.</p>	<p>Feb. 15, 2016</p>


OK ✓

OK ✓

Licensee's/Administrator's Signature: 

Print Name: FELY HIDALGO

Date: 3/7/2016

Licensee's/Administrator's Signature: 

Print Name: FELY HIDALGO

11/11/11