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Office of Health Care Assurance

State Licensing Section

STATE OF HAWAII
LICENSING DIVISION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Badua, Lily (ARCH)	CHAPTER 100.1
Address: 260 Ala Malama Avenue, Kaunakakai, Hawaii 96748	Inspection Date: September 22, 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>§11-100.1-8 <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><u>FINDINGS</u> Primary care giver has completed four (4) hours of continuing education hours. Six (6) hours are required. Submit two (2) additional hours of continuing education with your plan of correction.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Two hours of continuing education have been completed. copies are attached.</p>	<p>10.01.2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10)	<p style="text-align: center;"><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, 6 hours of CEUs will be completed by September 30 of the current year. This will be placed on an electronic calendar and a paper calendar to allow for tracking.</p>	09/30/2016

	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><u>FINDINGS</u> Resident #1 emergency data sheet not correct, contact information and medications not up to date.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Emergency Data sheet has been corrected and completed on 09/22/2016. This includes contact information and up to date medications of the resident.</p>	<p>09/22/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 <u>Records and reports.</u> (e)	<p style="text-align: center;"><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, all changes in the patient's medication and information will be updated as information is obtained. This will be checked on a quarterly basis.</p>	09/22/2016

Licensee's/Administrator's Signature: Lily Badua

Print Name: LILY O M BADUA

Date: 10/07/2016