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Office of Health Care Assurance

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State Licensing Section

STATE OF HAWAII

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Rosario	<b>CHAPTER 100.1</b>
<b>Address:</b> 94-1134 Hapapa Street, Waipahu, Hawaii 96797	<b>Inspection Date:</b> September 9, 2016

**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><b><u>FINDINGS</u></b>  Substitute care giver (SCG) #2 physical examination (PE) completed but not dated. Submit copy of dated PE with your plan of correction (POC).</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Substitute Care Giver #2  Physical Examination was already dated April 8, 2016 but it was not clear enough to see the stamp from Doctor office. I brought the Physical Examination paper to be dated to the Doctor's office.</i></p>	<p><i>9/28/16</i></p>

Rules (Criteria)	Plan of Correction	Completion Date
RULE # §11-100.1-9 (a)	<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 near future, to prevent the deficiencies from happening again, I will double check with my Substitute Care givers when they submit their Physical Examination form. I will make sure that the date is clear and visible to read.</p>	<p>RULE #</p> <p style="text-align: right;">9/28/16</p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §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.  <b>FINDINGS</b> SCG #2 tuberculosis (TB) attestation form not dated when completed. Submit a copy of a dated attestation form with your POC.	<p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>For Substitute Care given # 2, tuberculosis (TB) attestation form was originally attached to Physical Examination form. However when I made copies of both documents, I forgot to reattach tuberculosis (TB) attestation and Physical Examination forms together. I have now stapled and attach tuberculosis (TB) with Physical Examination form.</i></p>	<p align="center">9/28/16</p>

Rules (Criteria)	Plan of Correction	Completion Date
<p>RULE # §11-100.1-9 (b)</p>	<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 near future, I will make sure to reattach documents that are supposed to be together. I will double check with my Substitute Care Giver that tuberculosis (TB) attestation form is dated, to prevent from happening again.</p>	<p style="text-align: center;">9/28/16</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><b><u>FINDINGS</u></b>  Resident #1 two-step TB test completed 10/7/15 and 9/25/15 no results given. Test results must be available prior to admission. Two step was completed again in June 2016.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">N/A</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-17 (a)(4)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the near future to prevent these deficiencies from happening again, I will use my admission check list to ensure that I have obtained all the appropriate documents or test results on admission date.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3)            During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b>            Resident #1 no progress note for May 2016 in record.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">N/A</p>	



	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-17 (b)(3)	<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><i>In the near future, to prevent the deficiencies from happening again, I will chart patient's progress notes on a monthly basis or more often as needed. I shall include observations of the resident's response to medication's, treatments, diet, care plan, any changes in condition, indications of illnesses or injuries, behavior patterns including the date, time and action's taken.</i></p> <p><i>I will also document completed immediately any incidents that occur.</i></p>	<p><i>9/10/16</i></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><b><u>FINDINGS</u></b>            Resident #1 emergency data sheet not updated with current medications.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>For Resident #1 Emergency data Sheet was updated with current medication. Enclosed updated Emergency data sheets.</i></p>	<p><i>9/28/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-17 (e)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the near future to prevent the deficiencies from happening again. I will double check to ensure the Emergency data sheet was updated with current medications.</i></p>	<p><i>9/28/16</i></p>

Licensee's/Administrator's Signature: A. Gomez  
Print Name: Rosario Gomez  
Date: 9/30/16