Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: **Agbayani, Concepcion (ARCH)**	**CHAPTER 100.1**
Address: **1705 Maliu Street, Honolulu, Hawaii 96819**	**Inspection Date:** **December 22, 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
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Household Member #1 No current P.E.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Primary Care Giver Corrected the deficiency by bringing house hold member #1 to the Doctor for her annual physical to certify that he is free of infectious diseases on 12-30-17	12-30-16 C2a

11.23

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-9 (a)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Primary Care Giver will have a record of house hold members regarding their Physical annually so will track the due date preferably 2 months before inspection so will be ready to be review	12-30-16 CJA

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Substitute Care Giver #2 No documentation of initial positive PPD and follow up chest x-ray.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Primary care Giver corrected the deficiency by sending substitue care Giver # 2 to get her TB Clearance at Lanakila Health center Her Skin Test was done 2-6-17 date read 2-8-17 Posture PPD and follow up Chest Xray	2-9-17 CJA

	Rules (Criteria)	Plan of Correction	Completion Date
☒	**RULE #** §11-100.1-9 (b) **FINDINGS** Substitute Care Giver #2 No documentation of initial positive PPD and follow up chest x-ray.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Primary Care Giver have a record of the annual follow up date of the T B clearance of Substitute #2 and always be done 2 months before inspection comes. A copy kept in chest and If I see it is not there I replace right away.	C I a 2-13-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Household Member #1 No current TB clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** House hold member # 1 TB Clearance was not in the folder the time of the inspection. She tooked it when she went to apply a job and did not put it back on the folder. Primary care Asst made a copy of the TB Clearance Certificate of house hold member # 1 and also her PPD record placed in the folder. I will make sure that the copies are there in the folder to be review. If it is not there I replaced right away as soon as possible	12-23-16 CDA

	Rules (Criteria)	Plan of Correction	Completion Date
☒	**RULE #** §11-100.1-9 (b) **FINDINGS** Household Member #1 No current TB clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Primary care Give will always remember the due date annual follow up of TB clearance of house hold #1 should be done 2 months before inspection comes. A copy is always be there in the chart filed. If it is not there I replaced A copy right away.	12-23-16 @ 2a

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** Substitute care givers #1, and #2 No documentation of training by Primary Care Giver to make medications available and document such action.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Primary care Giver trained Substitue care Giver # 1 and substitue care Giver # 2 to addmenister prescribed medicine and document medicateon in chart before addmenstering and if not I will not alow them to addmenester medicateon to Resident.	@ 2a 1/7/17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-9 (e)(4)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** A traning checklist form is used to show the skills that subtitue care givers were trained on and will be placed in the resedents Chart. Premary care giver will review this skills with subtitue care givers every month or as needed and when there is a new addmision	CJA 1/9/17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. **FINDINGS** Resident #3 Bedroom signaling device not functional.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Primary care giver bought a new battery and place it in the signaling device in Resedent room # 3 to see if it worked. Now it dose function or worked.	12-27-16 c Q a

	Rules (Criteria)	Plan of Correction	Completion Date
☒	**RULE #** §11-100.1-23 (p)(5)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Primary care giver will continue to check the signaling device once every 2 weeks and if its not working I replace a new battery imediately as soon as possible so that ready when it is needed	12-27-16 CH

Licensee's/Administrator's Signature: Concepcion I. Agbayani

Print Name: CONCEPCION I. AGBAYANI

Date: 2-13-2017