

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Honesty	CHAPTER 100.1
Address: 775 Analio Street, Wailuku, Hawaii 96793	Inspection Date: October 26, 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>§11-100.1-9 <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><u>FINDINGS</u> PCG, SCG #1, and Family Member #1, no evidence of annual tuberculosis screening.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>On that day of inspection TB Risk assessment and attestation screening form PCG, SCG (PCP) primary care physician has been completed,</i></p>	<p style="text-align: right;"><i>→ yes</i></p> <p style="text-align: right;"><i>11/17/2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (b)	<p style="text-align: center;"> PART 2 <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 style="text-align: center;"> <i>I will post a reminder for me in the refrigerator to check all physical documents will be current up to date for D&H inspection review.</i> </p>	<p style="text-align: center;"> <i>2/17/2017</i> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> Aspirin found in first aid kit.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>In that day of inspection I removed the Aspirin and put it in the ^{medication} lock cabinet</i></p>	<p style="text-align: right;"><i>yes</i></p> <p style="text-align: right;"><i>11/17/2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-12 (b)	<p style="text-align: center;"> PART 2 <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 style="text-align: center;"> <i>I will check every 3 months all paint Aid Supplies and post it in my desk for post inspectors review.</i> </p>	<p style="text-align: center;"> <i>2/12/2017</i> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> No four (4) week menu available in kitchen.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>On the day of Inspection, I have ensured a 4 week menu be posted in the kitchen & resident dining room. Menus will be posted checked daily & updated as needed to inform residents of what will be served for breakfast, lunch, dinner & snack.</p>	<p style="text-align: center;">Yes</p> <p style="text-align: right;">12/26/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-13 (d)	<p style="text-align: center;"> PART 2 <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 style="text-align: center;"> <i>I will post a reminder for me in the refrigerator safety manual in the kitchen posted for post inspection review</i> </p>	<p style="text-align: center;"> <i>2/17/2017</i> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Bedroom #4, Hydrocortisone and Clotrimazole cream found on dresser.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> → <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>On that day of inspection I have taken out the hydrocortisone and clotrimazole cream found on dresser</i></p>	<p style="text-align: right;"><i>yes</i></p> <p style="text-align: right;"><i>11/17/2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (b)	<p style="text-align: center;"> PART 2 <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 style="text-align: center;"> <i>I will double check all the residents bedroom to insure the safety of the residents everyday only medication, has to keep in the lock cabinet.</i> </p>	<p style="text-align: right;"> <i>01/17/2016</i> </p>

Licensee's/Administrator's Signature: Zenaida Valdez

Print Name: Zenaida Valdez

Date: December 29, 2016

Licensee's/Administrator's Signature: Zenaida Valdez

Print Name: Zenaida Valdez

Date: November 17, 2016

Licensee's/Administrator's Signature: Zenaida Valdez

Print Name: ZENAI DA VALDEZ

Date: Jan. 13, 2017