

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha Angel Care	CHAPTER 100.1
Address: 94-500 Apii Street, Waipahu, Hawaii 96797	Inspection Date: April 20, 2017 – Annual Inspection

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

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OCT 18 2017

Initial: _____

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 – First aid certification expired in May 2016, not renewed until February 2017 (9 months without certification).</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><i>Yes, deficiency corrected.</i></p> <p><i>Certificate of SCG #1 is now current and was renewed on February 2017.</i></p> <p><i>A check list with all the caregivers' expiration dates of all certificates to include 1st aids and CPR was created on April 22, 2017.</i></p> <p><i>expiration dates of all caregivers' certificates for 1st aid and CPR has also been inputted in primary caregivers' smartphone calendar. Reminders with alerts has been set to notify primary caregiver of the upcoming expiration, 2 months before the actual expiration dates of the CPR and 1st aids.</i></p>	<p><i>April 22, 2017</i></p> <p><i>April 22, 2017</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 – First aid certification expired in May 2016, not renewed until February 2017 (9 months without certification).</p>	<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>This primary caregiver placed the - check list created 4/22/2017 created checklist in the front of the upstairs refrigerator, and will check the list at the beginning of each month to see that there are no upcoming expiration dates for any 1st aid or cpr certificates of caregivers. If there are any expiration of certificates coming up, this caregiver will notify the SCC 2 months in advance to have their certificates done.</p> <p>- This primary caregiver will check her - calendar done 4/22/17 smartphone calendar in the ^{morning} beginning of each month for any upcoming 1st aid or cpr certification expiration. This caregiver will listen up for any alerts or reminders that was set to alarm 2 months prior to any expirations of all caregivers certification for 1st aid and cpr. This ^{primary} care will notify SCC of upcoming certificate expiration 3 2 months prior.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> No incident reports for Resident #1's hospitalizations on October 29, 2016 and December 11, 2016.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes, deficiency was corrected An incident report for resident #1's hospitalization on Oct. 29, 2016 and December 11, 2016, was written on April 21, 2017, using the incident report form provided by the Department of Health.</i></p>	<p><i>April 21, 2017</i></p>

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checklist that has to be completed, which includes the incident report.

Licensee's/Administrator's Signature: Mildred Barsatan

Print Name: Mildred Barsatan

Date: Oct. 10, 2017