

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sera, Aurora	CHAPTER 100.1
Address: 1305 Mokapu Boulevard, Kailua, Hawaii 96734	Inspection Date: December 15, 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.

OFFICE OF
HEALTH CARE ASSURANCE

17 MAY 12 11:25

RECEIVED

	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 no evidence of First Aid.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>For SCG # 1 A copy of First Aid certification 12/19/14 is obtained from instructor and placed on file.</p>	<p>17 JAN 18 P1:16</p>

	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 no evidence of First Aid.</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><i>1. I will prevent this deficiency in the future by: Requiring that all caregivers provide me a copy of their current first aid certification. I will keep a updated log with to insure that all caregivers are up to date w/ their first aid certification.</i></p>	<p style="text-align: right;">RESOLVED 17 MAY 12 AM 12:25</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #1 no evidence of cardiopulmonary resuscitation 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>For SCG # 1. A copy of CPR certification is obtained from instructor and placed a copy on file.</p>	<p style="text-align: right;">12/19/16</p> <p style="text-align: right;">17 JAN 18 P1:16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS SCG #1 no evidence of cardiopulmonary resuscitation 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><i>I will prevent this deficiency in the future by:</i></p> <p><i>I will keep an updated log with to insure that all caregivers are up to date with their cardiopulmonary resuscitation certification.</i></p>	<p style="text-align: center;">17 MAY 12 AM 1:25</p> <p style="text-align: center;">FOLLOWED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p>FINDINGS Resident #1 emergency sheet not current. Sheet number one missing "PRN" designation under Ativan 0.5mg, and Colace 100mg. Missing change in Doctors order of Claritin from "daily" to "twice a day." Sheet number two missing physician prescribed medication Colace 100mg.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>For Resident #1. "PRN" Ativan 0.5 mg, and ^{PRN} Colace 100mg and Claritin daily to twice a day has been corrected in the Emergency Sheet.</p>	<p>12/15/16</p> <p>77 JAN 18 P1:16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p>FINDINGS Resident #1 emergency sheet not current. Sheet number one missing "PRN" designation under Ativan 0.5mg, and Colace 100mg. Missing change in Doctors order of Claritin from "daily" to "twice a day." Sheet number two missing physician prescribed medication Colace 100mg.</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><i>To prevent the deficiency in the future - I will use a calendar reminder and make sure to check doctors medication order or changes + placed on the same day of the appointment. So it will not be missed.</i></p>	<p style="text-align: right;">17 MAY 12 AM 12:25</p>

Licensee's/Administrator's Signature: Aurora Sera RN

Print Name: AURORA SERA RN

Date: 1/12/2017

Licensee's/Administrator's Signature: Aurora Sera

Print Name: AURORA SERA

Date: march 6, 2017

Licensee's/Administrator's Signature: Aurora Sera RN

Print Name: AURORA SERA

Date: 5/12/17