

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fidelibus Cottage	CHAPTER 100.1
Address: 91-827 Oama Street, Ewa Beach, Hawaii 96706	Inspection Date: December 2, 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> (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><u>FINDINGS</u> SCG #1 no evidence of annual physical examination.</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 style="text-align: center;"><i>I CORRECTED THIS BY REMOVING SUBSTITUTE FROM MY SUBSTITUTE LIST.</i></p>	



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?

ALL SUBSTITUTES MUST HAVE
A DOCUMENTED PHYSICAL THIS
ENSURES THEY ARE PHYSICALLY
FIT TO CARE FOR THE CLIENTS.
I HAVE MADE A SUBSTITUTE
CAREGIVER CHECKLIST IN MY
FILES TO ENSURE ALL DOCUMENTATION
IS RECORDED. WITHOUT THIS
CHECKLIST WITH THE AMOUNT
OF DOCUMENTATION SOME THINGS
CAN BE MISSED.



§11-100.1-15 Medications. (m)

All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.

FINDINGS

Resident #1 medication administration record (MAR) missing initials on the following physician prescribed medications.

-On 3/6/16, 3/7/16, 3/12/16 and 9/30/16

- 1) A+D Topical Cream
- 2) Aspirin 81mg
- 3) Citalopram 10mg
- 4) Doc-q-Lace 100mg
- 5) Donepezil 5mg
- 6) Ensure
- 7) Folic Acid 1mg
- 8) Midodrine 2.5mg
- 9) Namenda 10mg

On 3/6/16, 3/7/16, and 3/12/16

- 1) Metamucil 3.4g

PART 1

DID YOU CORRECT THE DEFICIENCY?

USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY

I corrected this problem first by discussing the problem and its importance with my caregivers. Second I have made a end of Day Report Check list. This will ensure all duties are completed DAILY. This report will be given to me directly or EMAILED.



RULE #11-100.1-15(m)

PART 2

FUTURE PLAN

USE THIS SPACE TO EXPLAIN YOUR
FUTURE PLAN: WHAT WILL YOU DO TO
ENSURE THAT IT DOESN'T HAPPEN AGAIN?

Medication Administration
is very important and needs
to be properly documented.
Without proper documentation
medications can be missed.
I have corrected this by
giving monthly reminders to
my substitutes and by double
checking them.



§11-100.1-23 Physical environment. (o)(3)(B)

Bedrooms:

Bedroom furnishings:

Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;

FINDINGS

Bedroom #2, Bed #2 and Bedroom #3 no pliable plastic pillow protectors.

PART 1

DID YOU CORRECT THE DEFICIENCY?

USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY

*I corrected This problem
Immediately By Labeling
All pillows.*



RULE #11-100.1-23(o)(3)(B)

PART 2

FUTURE PLAN

**USE THIS SPACE TO EXPLAIN YOUR
FUTURE PLAN: WHAT WILL YOU DO TO
ENSURE THAT IT DOESN'T HAPPEN AGAIN?**

*In The future I will
immediatly write residents
names permanently on all pillows.
I have added this to my
monthly checkoff sheet.
This will not only ensure the
labeling but ensure they are
with the correct residents*

Licensee's/Administrator's Signature: *J. Fidelibus*

Print Name: DHY-JELEN FIDELIBUS

Date: 1-16-17

Licensee's/Administrator's Signature: *J. Fidelibus*

Print Name: Dhy-Jeelen FIDELIBUS

Date: 3/31/17