

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Sagaysay, Makrina (ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 1112 Kopke Street, Honolulu, Hawaii 96819</b>	<b>Inspection Date: June 2, 2017 Annual</b>

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

17 OCT 12 A3:37

	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><b><u>FINDINGS</u></b> Employee #1 no current tuberculosis test in record, has a TB attestation but no proof of positive TB in past. PCG stated employee will get a skin test but has not done so yet.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="font-size: 1.5em;">( please see attached TB test record for Employee #1 )</p> <p>TB skin Test was performed at CVS Minute Clinic Pearl Ridge</p> <p style="font-size: 1.5em;">( a copy of the clearance is submitted )</p>	<p style="font-size: 1.5em;">6/14/17</p> <p style="text-align: right; font-size: 0.8em;">17 JUN 12 13:37</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 progress notes do not address use of PRN medication, compliance to medications, how medications are tolerated, and if medications are effective. Diet is also not address in progress notes i.e. how much resident eats, is resident tolerating his diet, and any problems with eating and diet as ordered.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>17 OCT 12 A3:37</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e)            In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b><u>FINDINGS</u></b>            Resident #1 not all of the medication taken by the resident are listed on the emergency data sheet.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The Emergency Data sheet has been updated to include all Medications Currently taken By Resident #1</p> <p>By listing all Medication Resident #1 takes on the E.D.S. ASAP.</p>	<p style="text-align: center;">6/12/17</p> <p style="text-align: right;">17 OCT 12 A3:37</p>

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Licensee's/Administrator's Signature: Makrina Sagaysay

Print Name: Makrina Sagaysay

Date: 10/6/17

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DR. JICKAL...