

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Myles Care Home	CHAPTER 100.1
Address: 719 S. Kei Place, Kahului, Hawaii 96732	Inspection Date: February 16, 2017 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>§11-100.1-17 <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><u>FINDINGS</u> Resident #1, "Resident Emergency Information" form dated 06/03/13. <u>Former</u> case manager's name listed. No diet order or tuberculosis screening indicated.</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>I updated Resident #1, Resident Emergency Information record. I used the new form.</i></p>	<p style="text-align: center;"><i>02-17-2017</i></p>

	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>FINDINGS Resident #1, "Resident Emergency Information" form dated 06/03/13. <u>Former</u> case manager's name listed. No diet order or tuberculosis screening indicated.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>In the future I will update my records anytime there are any changes. after doing my monthly progress notes, I will verify that Resident Emergency Information form is up to date.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Bedroom #1, licensed for resident use, now vacant used for storage. i.e., closet contains household members' items (bags of clothing, linens and suitcases) and a walker.</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>Bedroom #1 will not be used for care home operation purposes. Enclosed is a letter.</i></p>	<p style="text-align: center;"><i>11-14-17</i></p>

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Licensee's/Administrator's Signature: Victoria R. Paranada

Print Name: Victoria R. Paranada

Date: 11-14-17