

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: C. Caraang (DDDH)	CHAPTER 89
Address: 94-1023 Lumipolu Street, Waipahu, Hawaii 96797	Inspection Date: January 19, 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.

1/12/19

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (1)(2) Doors:</p> <p>All door openings through which wheelchairs or walkers must pass shall be at least thirty-six inches in clear width measured from the face of the door to the door stop when opened at ninety degrees;</p> <p><u>FINDINGS</u> Bedroom #1 on the lower level is approved for one (1) wheelchair resident; however, the second exit through the resident's bedroom had a clearance of only 18 inches. The arrangement of the resident's bed and a shelf reduced the ability of the door to open to ninety degrees, limiting the clear width of the doorway. The resident currently occupying the bedroom is fully ambulatory.</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>This was corrected by rearranging the resident's bed and the shelves in the bedroom #1 on the lower level. Both doors now open to 90° and 36" width clearance</i></p>	<p style="text-align: center;">1/20/17</p> <p style="text-align: center;">12:19</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> For Resident #1, admitted on September 3, 2016, the TB skin test on file, dated September 12, 2016, was completed after the resident's admission. Additionally, evidence of a 2-step TB skin test was not on file.</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>The 2nd TB skin test was completed on May 19, 2017 for resident #1.</i></p>	<p style="text-align: center;"><i>May 19, 2017</i></p> <p style="text-align: right;">RECEIVED 18 FEB 29 AM 1:01 STATE OF HAWAII DEPARTMENT OF HEALTH</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p>FINDINGS For Resident #1, admitted on September 3, 2016, the TB skin test on file, dated September 12, 2016, was completed after the resident's admission. Additionally, evidence of a 2-step TB skin test was not on file.</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><i>From caregiver will need to submit this needed up to date and current requirements promptly to the caregiver before admission</i></p> <p><i>Inform them of the documents that needs to be submitted.</i></p> <p><i>I will ^{not} admit any resident that do not have 2 step TB skin test and other current medical examination from the doctor upon admission</i></p>	<p style="text-align: right;">5/19/17</p> <p style="text-align: right;">18 FEB 29 AM 10:02</p> <p style="text-align: right;">RECEIVED</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH DIVISION OF LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (b) All foods shall be procured, stored, prepared, and served under sanitary conditions.</p> <p><u>FINDINGS</u> One tray of pork belly was exposed in the freezer as the plastic wrap was torn.</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>This was corrected by removing the pork belly from the freezer and appropriately disposed it in the trash bin.</i></p>	<p style="text-align: center;">1/19/17</p> <p style="text-align: center;">6:19</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (b) All foods shall be procured, stored, prepared, and served under sanitary conditions.</p> <p><u>FINDINGS</u> One tray of pork belly was exposed in the freezer as the plastic wrap was torn.</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><i>I will ensure that all foods are properly stored and in covered containers by making sure after every meal any food left overs will be wrapped with Saran wrap, covered with foil or sealed in plastic containers and stored in the refrigerator or freezer. If I can see any open food I'm going to cover it immediately.</i></p>	<p style="text-align: right;"><i>5/19/17</i></p> <p style="text-align: right;"><i>17 MAY 19 P2:29</i></p>

Licensee's/Administrator's Signature: Crispina Carandang

Print Name: Crispina Carandang

Date: 2/19/17

Licensee's/Administrator's Signature: Crispina L. Carandang

Print Name: Crispina L. Carandang

Date: May 19, 2017

Licensee's/Administrator's Signature: Crispina Carandang

Print Name: Crispina Carandang

Date: March 1, 2015