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 4, 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
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #1: No signature on tuberculosis clearance form.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I corrected this by having the Dr. sign the clearance form.	12/13/17

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #1: No signature on tuberculosis clearance form.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** what I have done to ensure this problem does not happen again is add Dr. Signature to my substitute caregiver/household checklist under TB clearance.	12/13/17

Initial:

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #2: No signature on tuberculosis clearance form.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I corrected this by having the Dr. sign the clearance form.	12/13/17

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☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 Hydrocortisone order changed from 2% to 1% on May 8, 2017. Medication was not changed on Medication Administration Record (MAR).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I have corrected this problem by correcting my MAR sheet to be up to date and correct. All medication have the correct name and dosage.	

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☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 Hydrocortisone order changed from 2% to 1% on May 8, 2017. Medication was not changed on Medication Administration Record (MAR).	**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 this deficiency will not occur by me ensuring all Dr. notes are reviewed by not only reviewing the medication name ~~by~~ but the correct dosage or correct creams. I will do this by using my Dr. notes checklist & have added dosage & creams to my list	12/13/17

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (a)(4) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order; **FINDINGS** No evidence of smoke detector function check in August, September, and November, 2017.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-86 Fire safety. (a)(4) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order; **FINDINGS** No evidence of smoke detector function check in August, September, and November, 2017.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** My future plan to correct this from happening again is by not only me putting this on my monthly calendar. & have added it to my caregivers calendar as well.	12/13/17

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate; **FINDINGS** Resident #1 case manager six (6) month assessment due in October, 2017. A monthly summary was performed by case manager on October 14, 2017.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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Initial:_____

Licensee's/Administrator's Signature: dfidelibus

Print Name: DHY-JEELEN FIDELIBUS

Date: DEC. 13, 2017