

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hipol, Margarita	CHAPTER 100.1
Address: 3583 Kalihi Street, Honolulu, Hawaii 96819	Inspection Date: February 14, 2018 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.

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MAR 16 2018

Initial: _____

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> PCG #1 has four (4) of six (6) continuing education units (CEU) completed for 2017-2018 inspection year. Two (2) of the hours were to make up for last year. Repeat deficiency. Please submit an additional two (2) hours of CEU. These hours will not count toward your 2018-2019 inspection.</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>PCG had taken an End-of-Life Spiritual Care for the Sick and Dying in the Community class provided by the United Group of Home Operators on November 09, 2017 (certificate of training enclosed). This certificate was not in the binder when the Consultant reviewed it on Feb 14, 18. PCG later found it in her training/class folder and placed certificate in the binder right away to complete her six (6) hours of training.</p>	02.19.18

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<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications</u>, (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> PCG #1 has four (4) of six (6) continuing education units (CEU) completed for 2017-2018 inspection year. Two (2) of the hours were to make up for last year. Repeat deficiency. Please submit an additional two (2) hours of CEU. These hours will not count toward your 2018-2019 inspection.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Moving forward, I will make sure to place all certificate of training in the binder right away to ensure all completed certificates are readily available for review by the department or responsible agency.</p> <p>I will make sure to attend and successfully complete the minimum of six (6) hour of continuing education per year before my annual ARCH inspection date.</p> <p>I added to my computer calendar to remind me to check for monthly in-service training/class. Also, I created an ARCH annual check list and added in-service to remind me to be current.</p>	

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	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> Family member #1 no evidence of annual physical exam.</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;">Family member #1 has been seen and evaluated by her physician. Physician certified she is free of infectious diseases.</p>	<p style="text-align: center;">03.09.18</p> <p style="text-align: right; font-size: 2em; opacity: 0.5;">RECEIVED</p>

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	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> Family member #1 no evidence of annual physical exam</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>All future required appointments for PCG/SCG, household members, and residents will be made no later than a month prior to ARCH annual inspection date.</p> <p>Both PCG/SCG will review all members of the household documents to ensure all are current. I added to my computer calendar to remind me monthly. Also, added to my ARCH annual check list.</p>	

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MAR 18 2013

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	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 exam.</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;">SCG #1 has been seen and evaluated by her physician. Physician certified he is free of infectious diseases.</p>	<p style="text-align: center;">03.12.18</p>

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12/18/18

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	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> <u>SCG#1</u> no evidence of annual physical exam.</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>All future required appointments for PCG/SCG, household members, and residents will be made no later than a month prior to ARCH annual inspection date.</p> <p>Both PCG/SCG will review all members of the household documents to ensure all are current. I added to my computer calendar to remind me monthly. Also, added to my ARCH annual check list.</p>	

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MAR 26 2019

Initial: _____

Licensee's/Administrator's Signature: Margarita G. Hipol

Print Name: Margarita G. Hipol

Date: 02/27/18

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FEB 28 2018

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