

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mildred's	CHAPTER 100.1
Address: 94-1273 Peke Place, Waipahu, Hawaii 96797	Inspection Date: March 22, 2017 – Annual Inspection

**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 MAY 18 PM 2:19

100.1/100.1



	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 for December 2016 and March 2017 do not include the effectiveness of administered PRN medications.</p>	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>To ensure this not happen again, I will make a note on my medication administration record that says when any prn medication given, the effectiveness must be documented in the progress note &amp; I will highlight this note so that it stands out and reminds me and substitute caregivers to do so.</i></p>	<p style="text-align: right;"><i>10/4/17</i></p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b><u>FINDINGS</u></b> Fire drill description for April 2016 not complete. Also, personnel participating and time taken to safely evacuate residents from home not included in documentation.</p>	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>I will make sure and added to my checklist so that all the documentation is available &amp; recorded in place.</i></p>	<p style="text-align: right;">5/16/17</p> <p style="text-align: right;">17 MAY 18 12:19</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (h)(3)  The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b>  PCG is not sanitizing dishes after each use. PCG stated she sanitizes dishes once a week.</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="text-align: center;"><i>I will refer, read over &amp; over again the forms attached on how to sanitize dishes properly.</i></p>	<p style="text-align: center;"><i>5/16/17</i></p> <p style="text-align: right;"><i>17 MAY 18 PM 2:15</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (h)(3)  The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b>  PCG is not sanitizing dishes after each use. PCG stated she sanitizes dishes once a week.</p>	<p style="text-align: center;"><b>PART 2</b>  <u><b>FUTURE PLAN</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR  FUTURE PLAN: WHAT WILL YOU DO TO  ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>To ensure this not happen again I hang the sanitizing dishes from above the sink as a reminder that dishes need to be sanitized after each use. I also discuss with my substitute caregiver that dishes should be sanitized after each use, but the sign above the sink will serve as extra reminder</i></p>	<p style="text-align: right;"><i>10/4/17</i></p>

Licensee's/Administrator's Signature: Mildred Bumanglag

Print Name: MILDRED BUMANGLAG

Date: 5/16/17

Licensee's/Administrator's Signature: Mildred Bumanglag

Print Name: MILDRED BUMANGLAG

Date: 8/27/2017

Licensee's/Administrator's Signature: M Bumanglag

Print Name: MILDRED BUMANGLAG

Date: 10/4/17

40