

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ramirez (DDDH)	CHAPTER 89
Address: 67-237 Kanalu Street, Waialua, Hawaii 96791	Inspection Date: March 22, 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.

17 APR 2017 02:49

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p>FINDINGS Caregivers #1 and #2 attended a workshop, Taking Control of Your Diabetes, on April 30, 2016; however, there was no verification of the number of hours they attended.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY? YES</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>If certificate was obtained for caregivers #1 and #2 from Taking Control of Your Diabetes through e-mail. Enclosed is a copy of the 8 hrs educational conference.</i></p>	<p style="text-align: center;">3/27/17</p> <p style="text-align: right;">17 AUG - 11 02:49</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p><u>FINDINGS</u> Caregivers #1 and #2 attended a workshop, Taking Control of Your Diabetes, on April 30, 2016; however, there was no verification of the number of hours they attended.</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>I will wait for the certificate of the end of the conference or a signature of the speaker in the itinerary with the number of hours as proof of attendance.</i></p>	<p style="text-align: center;">3/27/17</p> <p style="text-align: right;">17 APR - 12:49</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(2) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If a tuberculin skin test is positive, a standard chest x-ray and appropriate medical follow-up shall be obtained. A satisfactory chest x-ray shall be required yearly thereafter for three successive years.</p> <p>FINDINGS Household members #1 and #2 have a history of a positive TB skin test; however, there was no verification that the annual TB screening was completed.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Annual TB Screening was completed for Household #1 and Household #2 from their doctor. Enclosed is a copy of their TB Risk Assessment and Attestation Screening form.</i></p>	<p style="text-align: center; vertical-align: top;"><i>3/29/17</i></p> <p style="text-align: center; vertical-align: bottom;"><i>17 APR 2017 02:29</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(2) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If a tuberculin skin test is positive, a standard chest x-ray and appropriate medical follow-up shall be obtained. A satisfactory chest x-ray shall be required yearly thereafter for three successive years.</p> <p>FINDINGS Household members #1 and #2 have a history of a positive TB skin test; however, there was no verification that the annual TB screening was completed.</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>I will put a reminder on the calendar that it's time for them to have their annual TB Screening form completed by their doctor every year.</i></p>	<p style="text-align: right;">3/29/17</p> <p style="text-align: right;">17 APR -1 02:49</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Latch hook lock on the front screen door which is identified as an exit.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Latch hook lock was removed on the front screen door.</i></p>	<p style="text-align: center;"><i>3/22/17</i></p> <p style="text-align: right; vertical-align: bottom;">17 APR 11 02:50</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Latch hook lock on the front screen door which is identified as an exit.</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>I will put in my "reminder book" that we can't use latch hook lock on the front screen door which is used as an exit.</i></p>	<p style="text-align: right;"><i>3/22/17</i></p> <p style="text-align: right;">*17 AUG - P2-50</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Ceiling in the recreational area is sagging.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>YES</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"> <i>Ceiling in the recreational area above the pool table was fixed by replacing the sagging dry wall. It was then plastered, applied mud, and sanded it down when dried up. The ceiling was textured and painted to finish.</i> </p>	<p style="text-align: right;"><i>3/29/17</i></p>

17 00 00 02 50

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Ceiling in the recreational area is sagging.</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>I will make a list of "things to do" every month to check the sagging ceiling & fix it right away. This will be posted outside the refrigerator door in neon color. Also, other areas should be checked & included on the list if repairs are needed.</i> </p>	<p style="text-align: center;">02/5/18</p>

18 11 21 46

Licensee's/Administrator's Signature: Marilyn N. Ramirez

Print Name: MARILYN N. RAMIREZ

Date: 07/28/17

Licensee's/Administrator's Signature: Marilyn N. Ramirez

Print Name: MARILYN N. RAMIREZ

Date: 02/05/18