

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Erlinda's	CHAPTER 100.1
Address: 2020 Uhu Street, Honolulu, Hawaii 96819	Inspection Date: December 5, 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.

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FEB 16 2018

Initial: _____

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p>FINDINGS Substitute care giver (SCG) #3, no documentation of the initial two-step tuberculosis (TB) clearance for new SCG.</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><i>SCG #3 submitted for T.B. clearance 2 steps to the primary caregiver, dates as follows</i></p> <p><i>Date Given → 07-25-2014; 08-25-2015</i></p> <p><i>Date Read → 07-23-2014, 08-27-2015</i></p> <p><i>and filed it in my carehome binder</i></p>	<p>1-6-18</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #3, no documentation of the initial two-step tuberculosis (TB) clearance for new SCG.</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 tell my SCG #3 to submit the initial two-step tuberculosis clearance for new SCG before they start to work, and make a note on my checklist for new hire, can't provide service w/o tuberculosis clearance</i></p>	<p style="text-align: right;"><i>1-6-18</i></p> <p style="text-align: right; color: blue; font-weight: bold; font-size: 1.2em;">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> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS SCG #3, no documentation for training by the primary care giver to make prescribed medications available to residents and properly record such action.</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><i>SCG #3 was trained on 1-6-18 by the primary caregiver to make prescribed medications available to residents and properly record such action and training documentation was filed on my care home binder.</i></p>	<p><i>1-6-18</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #3, no documentation for training by the primary care giver to make prescribed medications available to residents and properly record such action.</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 record in my checklist to train new hire before they provide services.</i></p>	<p style="text-align: center;"><i>1-6-18</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1, no documentation during 2017 of all personal items to maintain an inventory.</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>Primary caregiver documented all personal items for 2017 and filed it in Resident #1's chart.</i></p>	<p>12-5-17</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1, no documentation during 2017 of all personal items to maintain an inventory.</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 make an inventory of all items of Res. #1, my plan is to update the inventory when I get the notice of my inspection from DDH and make a note in my calendar one month prior to my inspection.</i></p>	<p style="text-align: center;"><i>12-5-17</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> No lockable container available in the refrigerator for labeled and unsecured medications:</p> <ul style="list-style-type: none"> • "Acetaminophen 650 mg suppositories, 1 rectally every 6 hours PRN for fever or pain." • "Biscac-Evac 10 mg suppository, 1 rectally daily as needed." 	<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>The lock container is available, I put the medications with labels in a lock box on 12-5-17 and informed my substitute to keep it lock for safety all the time., trained substitute how to lock + unlock the box</i></p>	<p>12-5-17</p>

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Licensee's/Administrator's Signature: *Erinda*

Print Name: ERLINDA S. ISIDRO

Date: 2-6-2018

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Initials _____