

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: MSI ARCH/Expanded ARCH	CHAPTER 100.1
Address: 99-603 Alia Place, Aiea, Hawaii 96701	Inspection Date: May 1, 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.

STATE OF HAWAII
DOH/OHCA
STATE LICENSING

'18 MAY 11 P4:33

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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)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 - No current first aid certification.</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><i>SCG #1 attended the first aid class on April 30, 2018. The document was not on file at the time of annual visit. After the annual visit SCG #1 found the document and given to PCG. The document was filed on the administrative chart.</i></p> <p style="text-align: center;"><i>See attach A</i></p>	<p style="text-align: center;"><i>5/2/18</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 - No current first aid certification.</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>In the future PCG will do the following.</i></p> <ol style="list-style-type: none"> <i>1. Prepare all documents at least 2 months prior to Annual recertification date.</i> <i>2. Review each SCG documents using the Reg. HHR 100.1 as key evaluation guide lines.</i> <i>3. Ask SCG to double check all documents using the same checklist (for) we have</i> 	<p style="text-align: right;"><i>5/2/18</i></p> <p style="text-align: right;">'18 MAY 11 P4:33</p> <p style="text-align: right;">STATE OF ILLINOIS DOH-CHCA STATE LICENSING</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> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS SCG #1 – No current CPR certification.</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><i>SCG #1 attended the CPR class on April 30, 2018. The document was not on file at the time of Annual Visit. After the annual visit SCG #1 found the document and given to PCG. The document was filed on the Administrative Chart.</i></p> <p style="text-align: center;"><i>See attached #</i></p>	<p style="text-align: center;"><i>5/2/18</i></p> <p style="text-align: center;">'18 MAY 11 P4:33</p>

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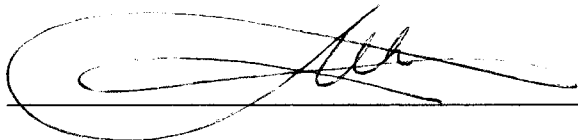
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – PRN Acetaminophen not available.</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><i>yes, PRN Acetaminophen was refilled from the pharmacy on 5/8/18</i></p> <p style="text-align: center;"><i>see attach B</i></p>	<p style="text-align: center;"><i>5/8/18</i></p> <p style="text-align: center;">'18 MAY 11 P4:33</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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Licensee's/Administrator's Signature:



Print Name:

MARCELO IDENA

Date:

MAY 11, 2018

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