

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|---|---|
| Facility's Name: Aguinaldo, Evangeline | CHAPTER 100.1 |
| Address: 3787 Mamaki Street, Koloa, Hawaii 96756 | Inspection Date: February 23, 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.

| | 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><u>FINDINGS</u> PCG no evidence of initial tuberculosis clearance (chest x ray).</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>A tuberculosis clearance x-ray for PCG was done on 02/23/18 and results are negative for Tuberculosis. Documented evidence of tuberculosis clearance x-ray are available and kept on file for review.</p> | <p>02/23/18</p> |

| | 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><u>FINDINGS</u> PCG no evidence of initial tuberculosis clearance (chest x ray).</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>To prevent this in the future I have created a checklist of all required documents such as TB clearance: Initial/Annual, Physical Exam, CPR & First Aid. I placed the checklist in a designated binder along with required documents and will review checklists annually.</p> | <p style="text-align: right;"><u>APR 16 2018</u></p> |

| | 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><u>FINDINGS</u> SCG#1 no evidence of initial tuberculosis clearance (chest x ray).</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>A tuberculosis clearance x-ray for SCG#1 was done on 02/23/18 and results are negative for Tuberculosis.</p> <p>Documented evidence of tuberculosis clearance x-ray are available and kept on file for review.</p> | <p style="text-align: right;">02/23/18</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> SCG#1 no evidence of initial tuberculosis clearance (chest x ray).</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>To prevent this in the future I have created a checklist of all required documents such as TB clearance: Initial/Annual, Physical Exam, CPR & First Aid. I placed the checklist in a designated binder along with required documents and will review checklists annually.</p> | <p style="text-align: right;">APR 16 2018</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Resident #1 artificial tears eye drops stored with oral medications.</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>Resident #1 artificial tears eye drops were placed in a separate container containing only External Medications.</p> | <p>02/23/18</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Resident #1 artificial tears eye drops stored with oral medications.</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;">To prevent this in the future, I labeled the external medication container "External Meds Only" and also wrote "Ext Meds" on all external medication to remind myself to place it in the appropriate storage container.</p> | <p style="text-align: center;">APR 16 2018</p> |

Licensee's/Administrator's Signature: Evangelina Aguinaldo

Print Name: Evangelina Aguinaldo

Date: 03/06/18

Licensee's/Administrator's Signature: Evangelina Aguinaldo

Print Name: Evangelina Aguinaldo

Date: 04/14/18