

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Kuike Bayside	CHAPTER 100.1
Address: 45-212 Kaneohe Bay Drive, Kaneohe, Hawaii 96744	Inspection Date: July 11 & 12, 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	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></p> <p>Employee #2 has no first aid certification on file. Employee is currently out on medical leave but has no evidence of first aid certification prior to the absence and will require certification prior to returning to work.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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Licensee's/Administrator's Signature: David Fitzgerald

Print Name: David Fitzgerald

Date: 7/14/18

11-100.1-9(e)(3)

Employee #2 will be required to submit a valid first aid certification before returning to work from medical leave.

To prevent this from happening again, we will make a list to remind staff of mandatory certifications two months before expiration. Another reminder will be provided one month before expiration. A written reminder will be provided two weeks before expiration. If the employee does not provide a current certification within a week of expiration, then the Administrator will notify the employee that they will be removed from the schedule starting on the expiration date and not allowed to return to work until a current certification is received.

A handwritten signature in cursive script that reads "David Fitzgerald".

David Fitzgerald

7/14/18

11-100.1-9 (f)(1)

Employee #1 completed the CPR training and the CPR certification is dated 7/12/18.

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11-100.1-13

How and when the fixed the deficiency?

The diet order for Resident #2 was clarified on 7/13/18.

On 7/14/18 the Physician Diet Order Form was revised to specify the percentage of reduction for both carbohydrates and meal portion size. The RN on duty and Director of Nursing will double check the order to assure it is correct.

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David Fitzgerald
7/14/18