

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Magaoay, Shirley (ARCH)	CHAPTER 100.1
Address: 1529 Leilani Street, Honolulu, Hawaii 96819	Inspection Date: November 1, 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.

	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 SCG #3 and FM #1 – No annual tuberculosis clearance.</p>	<p style="text-align: center;">PART 1 <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>11/1/17 FM1 TB test given 10/30/17 Read 11/1/17 omm</p> <p>11/1/17 Schedule early to get result before inspection. Called Kanakila Health Center, TB Branch, okayd to be able to take as early as one week before the last T.B. test was given. Next date to take test for FM1 is on the week of October 22, 2018.</p>	<p>11/1/17</p> <p>11/1/17</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)(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>FINDINGS SCG #1 and SCG #2 – No current first aid certification.</p>	<p style="text-align: center;">PART 1 <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>11/3/17 SCG #1 Certification card, AED & First Aid taken on 4/24/2016 exp. 4/2018. By Martine Hawaii Filed copy in care Home folder</p> <p>SCG #2 Certification card, AED & First Aid taken on 4/24/16 exp. 4/2018 By Martine Hawaii Filed copy in the care Home folder</p>	<p>11/3/17</p> <p>11/3/17</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 <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>SCG #1 Basic CPR + First aid taken on 4/24/16 expiration 4/2018 Copy of the certificate card was obtained, filed on care home folder.</p>	<p>11/3/17</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>FINDINGS Resident #1 – 9/29/2016 order for Calcium, Magnesium and Zinc supplement states, “Take 1 tablet BID.” Supplement given TID from November – December 2016.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>11/3/17</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1 – Medications not reevaluated and signed by the resident's physician every four months.</p>	<p style="text-align: center;">PART 1 <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 I will make sure the medications are reevaluated every four four months or otherwise get an order from the physician if not evaluated in the four months.</p>	<p>11/3/17</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Multiple monthly progress notes do not include observations of the resident's response to medications.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>11/3/17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p>FINDINGS Emergency information sheet, not complete. Missing current medications.</p>	<p style="text-align: center;">PART 1 <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>Completed all residents Emergency Information Form Filed in the Care Home Folder, and in Resident's ^{personal} identifying emergency information. Completed resident information and medical information. Listed all medications and supplements. Name of medications, Dosage, Frequency and route.</p>	<p style="text-align: center;">11/3/17</p>

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Licensee's/Administrator's Signature: Shirley Magaway

Print Name: Shirley Magaway

Date: 11/23/2017

Licensee's/Administrator's Signature: *Shirley Magowan*
Print Name: Shirley Magowan
Date: March 31 2018