

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| | |
|---|--------------------------------|
| Facility's Name: Suetos Care Home | CHAPTER 100.1 |
| Address: 4415 Ukali Street, Honolulu, Hawaii 96818 | Inspection Date: July 11, 2018 |

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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

18 JUL 13 P1:57
STATE OF HAWAII
HONOLULU
HEALTH CARE LICENSING

RECEIVED

| | 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> Substitute care giver #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 TALKED TO MY SUBSTITUTE CARE GIVER #1 TO TAKE A COURSE OF BASIC FIRST AID WITH A CERTIFICATION ATTACHED A COPY OF CERTIFICATE AS A PROOF OF MY PLAN OF CORRECTION DATED 7/12/18 & WILL EXPIRE ON 7/20/20</p> | <p style="text-align: right;">7/12/18 E. Smith</p> |

STATE OF HAWAII
DH-CHCA
STATE LICENSING

'18 JUL 13 P1:57

RECEIVED

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | <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> Substitute care giver #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>IN THE FUTURE, I WILL TAKE AN ACTION THAT BEFORE I WILL ACCEPT & PUT ANY CERTIFICATION IN MY ARCH BINDER I WILL CAREFULLY CHECK IT TWICE IF IT IS THE PROPER CERTIFICATE. I WILL CHECK IT ONE MORE TIME ON THE MONTH OF ANNUAL INSPECTION & ASK MY HUSBAND TO CHECK WITH ME</p> | <p>7/12/18 E. Amato</p> <p style="text-align: right;">18 JUL 13 P 1:57</p> <p style="text-align: right;">STATE OF HAWAII DHF-ONCA STATE LICENSING</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</p> |

| RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|--|---|
| <input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: 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; <u>FINDINGS</u> Resident #1 - No progress notes 5/1/17 to current. | <p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p style="text-align: center;">18 JUL 13 P 1:57</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> |

RECEIVED

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|---|
| <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>FINDINGS Resident #1 - No progress notes 5/1/17 to current.</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>MY WHOLE COMPUTER CRASHED 5/20/18 I BROUGHT IT TO APPLE STORE BUT DID NOT RECOVER ANY ARCH DOCUMENT. NOW I DID SAVE ALL IN A USB & CLOUD ON LINE.</p> <p>- STARTING TODAY I WILL NOT RELY ON COMPUTER. I WILL MAKE A HABIT THAT I WILL DO MY PROGRESS NOTES IN A REGULARLY BASIS & DOCUMENT IT RIGHT AWAY & FOLLOW THE CRITERIA OF DOH. THAT AS I GO ALONG I WILL PRINT, SIGN TIME & DATE & PUT IN THE RESIDENT BINDER & IF PRINTER BROKEN, I WILL WRITE ON THE PROGRESS NOTES THAT DOH PROVIDED. I WILL NOT PROCRASTINATE & I WILL NOT FORGET. IF I CAN'T DO IT, I WILL EDUCATE MY DAUGHTER TO HELP ^{ME} TODAY, FOR I DON'T KNOW WHAT WILL HAPPEN NEXT.</p> | <p>7/12/18 cpantos</p> <p style="text-align: right;">18 JUL 13 P 1:58</p> |

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

RECEIVED

Licensee's/Administrator's Signature: Ederlina G. Suetos

Print Name: EDERLINA G. SUETOS

Date: 7/12/18

RECEIVED

'18 JUL 13 P 1:58

STATE OF HAWAII
DOH-DHCA
STATE LICENSING