

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ibera, Emerlinda	CHAPTER 100.1
Address: 1631 Kilohana Street, Honolulu, Hawaii 96819	Inspection Date: July 25, 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.

17 JUL 24 09:30
Hawaii State Licensing Section

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Five (5) boxes of cereal and two (2) bottles of cranberry juice on the floor.</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><i>I put in the cabinet and let my substitutes know that no foods should be on the floor In the future I'll make sure that all foods will always be on the shelf.</i></p>	<p style="text-align: center;">7-26-17</p> <p style="text-align: right; font-size: small;">08/26/17 11:30 AM</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Five (5) boxes of cereal and two (2) bottles of cranberry juice on the floor.</p>	<p style="text-align: center;">PART 2 <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>I put in the cabinet and let my substitute know that no food should be on the floor, in the future I'll make sure that all foods will always be on the shelf. Now that I know that I can not put foods on the floor, I will also let my substitute know. If I ever see food on the floor I will put it away on the shelf or in the cabinet immediately</i></p>	<p style="text-align: center;">7-26-17</p>

	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><u>FINDINGS</u> Monthly progress notes do not include observations of Resident #1'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><i>I was given a new form of progress note and I will use it monthly to indicate my observation and response to medication right away.</i></p>	<p>Start Aug 1 2017</p> <p>17 09 27 07:30</p>

	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><u>FINDINGS</u> Monthly progress notes do not include observations of Resident #1's response to medications.</p>	<p style="text-align: center;">PART 2 <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;"><i>I was given a new form of Progress note and I will use it * monthly to indicate my observation ^{of my resident} and response to medication</i></p>	<p style="text-align: center;"><i>Start Aug. 1, 2017</i></p>

08:20 02 Nov 11

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-23 <u>Physical environment</u>. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> PCG stated she sanitizes dishes every two (2) days instead of after each use.</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><i>I am sanitizing the dishes after each use. I put up the sheet that was provided on how to sanitize dishes properly and sanitize the dishes every day. I will also let my substitute know.</i></p>	<p style="text-align: right;">7-26-17</p> <p style="text-align: right;">17 01 01 01230</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> PCG stated she sanitizes dishes every two (2) days instead of after each use.</p>	<p style="text-align: center;">PART 2 <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>I am sanitizing the dishes after each used. I put up the sheet that was provided on how to sanitize dishes properly and sanitize the dishes everyday. I will also let my substitute know.</i></p>	<p style="text-align: center;">7-26-17</p> <p style="text-align: right;">17 11:21 AM 7/26/17 PCG</p>

11/20/17 11:20:30

*17 NOV 24 09:23:30

EMERLINDA IBERA

Licensee's/Administrator's Signature: Emerlinda Ibera

Print Name: Emerlinda Ibera

Date: 11-20-17