

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sagaysay, Makrina (ARCH)	CHAPTER 100.1
Address: 1112 Kopke Street, Honolulu, Hawaii 96819	Inspection Date: June 15, 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
☒	<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 Employee #1 no current tuberculosis test in record, has a TB attestation but no proof of positive TB in past. PCG stated employee will get a skin test but has not done so yet.</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>yes,</p> <p>Employee #1. TB test was done on June 15, 2018. Returned for reading June 18, 2018. Result: Negative And I put it in my binder.</p>	<p>6/18/18</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> Employee #1 no current tuberculosis test in record, has a TB attestation but no proof of positive TB in past. PCG stated employee will get a skin test but has not done so yet.</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, Have my substitute care give r Review my records to insure that all TB test are completed and ready to inspection. I will mark my calendar in May to remind me to have my substitute check</p>	<p>10/1/19</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>FINDINGS Resident #1 progress notes do not address use of PRN medication, compliance to medications, how medications are tolerated, and if medications are effective. Diet is also not address in progress notes i.e. how much resident eats, is resident tolerating his diet, and any problems with eating and diet as ordered.</p>	<p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</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>FINDINGS Resident #1 progress notes do not address use of PRN medication, compliance to medications, how medications are tolerated, and if medications are effective. Diet is also not address in progress notes i.e. how much resident eats, is resident tolerating his diet, and any problems with eating and diet as ordered.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>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 make a check list to use every month when completing my progress notes the check list will act as a reminder. For me to chart on diet, meds. Activities. Treatment if any and when, and if the resident used any PRN med and if it was effective. My substitute caregiver will double check all progress notes at least every four months.</p>	<p>10/1/18</p>

	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><u>FINDINGS</u> Resident #1 not all of the medication taken by the resident are listed on the emergency data sheet. The emergency data sheet also contains medication that have been changed or discontinued.</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>yes.</p> <p>I reviewed all the medication lists of my residents, which includes the new medication order and the medication discontinued order, document it immediately, and put them all in their (file) binder.</p>	<p style="text-align: right;">7/23/18</p>

	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><u>FINDINGS</u> Resident #1 not all of the medication taken by the resident are listed on the emergency data sheet. The emergency data sheet also contains medication that have been changed or discontinued.</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 check the Emergency Data Sheet. Following each visit to the Doctor. I will update EDS. Every time there is a change in a Resident's Medication. I will have my Substitute People check. updates.</p>	<p>10/11/18</p>

Licensee's/Administrator's Signature: Makrina Sagaysay

Print Name: Makrina Sagaysay

Date: 6/23/18

Licensee's/Administrator's Signature: Makrina Sagaysay

Print Name: Makrina Sagaysay

Date: 7/23/18

Licensee's/Administrator's Signature: Makrina Sagaysay

Print Name: Makrina Sagaysay

Date: 10/1/18