

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Padre, Norma (ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-607 Mahoe Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: January 12, 2017 Annual</b>

**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>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b)  The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><b><u>FINDINGS</u></b>  One (1) pack of Motrin stored in First Aid kit.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Care Worker #1 Removed Motrin from First Aid Kit. 01-12-17</i></p>	<p style="text-align: center;"><i>yes</i></p> <p style="text-align: center;"><i>2-26-17</i></p>



RULE #11-100.1-12(b)

**PART 2**

**FUTURE PLAN**

**USE THIS SPACE TO EXPLAIN YOUR  
FUTURE PLAN: WHAT WILL YOU DO TO  
ENSURE THAT IT DOESN'T HAPPEN AGAIN?**

*Care Giver #1 Will use calendar  
as a reminder. all Medi-  
cation will be separated  
and locked in their  
assigned location.*

*2-26-17*

D. ALLEN

17 FEB 27 M1:36

<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e)  A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><b><u>FINDINGS</u></b>  No metal stem thermometer available that reads both hot and cold food temperatures.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Care Kitchen #1 purchased a Metal Stem Thermometer that reads both hot and cold food temperatures  1-12-17.</i></p>	<p><i>yes</i></p> <p><i>2-26-17</i>  <del><i>1-12-17</i></del>  ERROR</p>
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MAY 11 11:36 AM '17



RULE #11-100.1-14(e)

**PART 2**

**FUTURE PLAN**

**USE THIS SPACE TO EXPLAIN YOUR  
FUTURE PLAN: WHAT WILL YOU DO TO  
ENSURE THAT IT DOESN'T HAPPEN AGAIN?**

*Care #1 Will Post a  
note in the fridge as  
a reminder.*

~~1-12-17~~

ERROR

2-26-17

11-17-17  
A. L. ...

11-17-17  
M136

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4)  General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b>  Resident register not current. Has Resident #1 discharged but not re-admitted.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>care Kiner #1 updated Resd. #1 register to show resident #1 was re-admitted. - 1-12-17</i></p>	<p style="text-align: center;"><i>yes</i></p> <p style="text-align: center;"><i>2-26-17</i></p> <p style="text-align: center;">17 11:36</p>
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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4)          General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b>          Resident register not current. Has Resident #1 discharged but not re-admitted.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR          FUTURE PLAN: WHAT WILL YOU DO TO          ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>Create a checklist to Refer,          when a Resident is discharged          and Re-admitted. Check list          will be on my monthly          calendar to serve as          a Reminder.</i></p>	<p><i>10-31-18</i></p>
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Licensee's/Administrator's Signature: Norma Padre

Print Name: NORMA PADRE

Date: 2-26-17

Licensee's/Administrator's Signature: Norma Padre

Print Name: NORMA PADRE

Date: 10-31-18