

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Heart to Heart Care Home (ARCH)	CHAPTER 100.1
Address: 94-384 Ana Lane, Waipahu, Hawaii 96797	Inspection Date: January 18, 2019 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Household member #1, Household member #2, and Household member #3 – No annual physical Exam on file.</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>- Appointment made with Pediatrician on February 25, 2019 to obtain physical examination and infectious disease clearance for household members #1, #2, and #3.</p>	<p style="text-align: center;">- 2/25/19</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> (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> SCG #1, Household member #1, and Household member #3 – No evidence of current tuberculosis clearance.</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>- Appointment made with pediatrician on February 25, 2019 to obtain TB test clearance for Household members #1 and #3.</p> <p>- SCG #1 has made an appointment with physician on February 21, 2019 to obtain TB clearance.</p>	

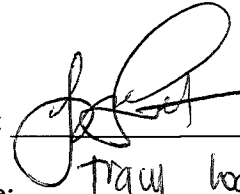
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1, Household member #1, and Household member #3 - No evidence of current tuberculosis clearance.</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>-A checklist of personnel and family requirements was made for each staff and household member.</p> <p>-checklist will be checked and updated every month to ensure that all personnel and household members are current and up to date with all requirements</p> <p>-All substitute caregivers will be trained and educated on checklist and process.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Thermometer in refrigerator in residents' dining area shows 50 degree F.</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 style="text-align: center;">- thermometer in refrigerator was replaced with brand new thermometer and current temperature shows 42°F.</p>	<p style="text-align: center;">1/19/19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Thermometer in refrigerator in residents' dining area shows 50 degree F.</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>- Home log created to consisting of equipment and environment checks to ensure the environment and tools are safe, current, and up to date ^{according to chapter 100.1.} i.e. - thermometers, call bells, outlet covers, smoke detectors, fire extinguisher)</p> <p>- log will be implemented every month and any repairs will be completed within 2 working days.</p> <p>- All substitute caregivers will be trained on log and process.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Electrical plate is cracked in resident's bathroom.</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>- Home log created consisting of equipment and environment checks to ensure the environment and tools are safe, current, and up to date according to Chapter 100.1 (i.e. thermometers, call bells, outlet covers, smoke detectors, fire extinguisher)</p> <p>- log will be implemented every month and any repairs will be completed within 2 working days.</p> <p>- All substitute caregivers will be trained on log and process.</p>	

Licensee's/Administrator's Signature:



Print Name:

Tracy Bothart

Date:

1/23/19