Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Nenita's	**CHAPTER 100.0**
Address: **5193 Likini Street, Honolulu, Hawaii 96818**	**Inspection Date: September 22, 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.

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Family Member #1 no evidence of annual tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** -I asked this family member #1 to pick up a copy of her chest X-ray from her pcp and w/c she did on her next day off- Sept. 26, 2017	Sept. 26, 2017

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Family Member #1 no evidence of annual tuberculosis clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** - I developed a tool, a tabulation for this purpose so I will not miss anyone needing to be updated on their TB clearance for everyone in the house hold – residents, caregivers, family members	

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures. **FINDINGS** Metal stem thermometer does not read hot and cold temperatures.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** -I asked my cook lady about the metal stem thermometer after my surveyor left and she brought it out, she placed it in another drawer	9/22/2017

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures. **FINDINGS** Metal stem thermometer does not read hot and cold temperatures.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** - I instructed everyone who uses the utensils drawer to keep that thermometer in just one place, same place after washing	12/22/2017

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Review the care plan monthly, or sooner as appropriate; **FINDINGS** Resident #1 case manager needs to update care plans or initial that he/she reviewed the care plans monthly. Plans have not been initialed since ending hospice care in March 2017.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** - yes, the case plan is updated, I see her monthly initials on 3/29/2017 4/19/2017 5/22/2017 6/21/2017 7/31/2017 8/18/2017 - I remember these sheets were found in another residents folder when I received my deficiencies for this inspection year	3/5/2019

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☒	§11-100.1-88 Case management qualifications and services. (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Review the care plan monthly, or sooner as appropriate; **FINDINGS** Resident #1 case manager needs to update care plans or initial that he/she reviewed the care plans monthly. Plans have not been initialed since ending hospice care in March 2017.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** - In the future, I will have to make sure that her care plans are in place month by month	3/5/2019

MAR 18 2019

Licensee's/Administrator's Signature: Nenita V. Andrada-Jose, RN

Print Name: NENITA V. ANDRADA

Date: 12/22/2017

Licensee's/Administrator's Signature: Nenita V. Andrada-Jose, RN

Print Name: NENITA V. ANDRADA-JOSE

Date: 3/5/2019