

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Corpuz (DDDH)</b>	<b>CHAPTER 89</b>
<b>Address: 99-226 Ohenana Place, Aiea, Hawaii 96701</b>	<b>Inspection Date: March 20, 2019 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.**

**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.**

RECEIVED

APR 22 PM 4:22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(1)  All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.</p> <p><b><u>FINDINGS</u></b>  Caregiver #1 – No annual tuberculosis clearance on file.</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><i>11-89-9 General staff health requirement (a)(1)</i></p> <p><i>Annual tuberculosis clearance copy was secured from the doctors office and immediately file it on the staff folder.</i></p>	<p><i>4/8/19</i></p>

19 APR 22 PM 12:02

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(1)  All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.</p> <p><b><u>FINDINGS</u></b>  Caregiver #1 – No annual tuberculosis clearance on file.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><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>11-89-9 General staff health requirements (a)(1)</i></p> <p><i>Will list things needed to be updated for all staff/ caregivers requirements in a reminder notebook and their due dates and when completed/done, will put a check marked to show it's done and to avoid happening again.</i></p>	<p><i>4/8/19</i></p> <p style="text-align: right;">19 APR 22 PM 02</p>

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><b>FINDINGS</b> Two (2) knife storage blocks were placed on the kitchen counter with knives unsecured.</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><i>11-89-12 Structural Requirements for licensure (b)</i></p> <p><i>Two knife storage blocks with knives that was on the kitchen counter was immediately place in the drawers and inside the cabinet that can't be seen but accessible for used.</i></p>	<p><i>3/21/19</i></p> <p style="text-align: right;">19 APR 22 PM 2:02</p>

REMOVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><b><u>FINDINGS</u></b> Two (2) knife storage blocks were placed on the kitchen counter with knives unsecured.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><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>11-89-12 Structural Requirements for Licensure (b)</i></p> <p><i>Will make sure that knives scissors used by staffs or other people to put them back in the drawers or in the cabinets after used.</i></p>	<p><i>3/21/19</i></p> <p style="text-align: right;">19 APR 22 PM 2:12 STATE OF OHIO STATE DEPARTMENT OF HEALTH</p>

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Resident was placed in a respite home from 9/2/18 to 9/11/18. No documentation was made regarding the respite in progress notes.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">19 APR 22 PM 2:02</p> <p style="text-align: right;">STATE OF CONNECTICUT            DEPARTMENT OF            SOCIAL SERVICES</p>

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b>FINDINGS</b> Resident #1 – Resident was placed in a respite home from 9/2/18 to 9/11/18. No documentation was made regarding the respite in progress notes.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><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>11-89-18 Records and Reports (b)(2)</i></p> <p><i>Anything that pertains to the resident whether injury events, etc. will be immediately documented on the caregiver's note to avoid forgetting it.</i></p>	<p><i>3/21/19</i></p> <p style="text-align: right;">19 APR 22 PM 12:02</p> <p style="text-align: right;">STATE OF CONNECTICUT STATE DEPARTMENT OF SOCIAL SERVICES</p>

RESERVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(5) General rules regarding records:</p> <p>All records shall be complete and current and readily available for review by the department or any responsible placement agency.</p> <p><b>FINDINGS</b> Resident #1 – Individual Service plan on file is incomplete. Pages 11 through 14 are missing.</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><i>11-89-18 Records &amp; reports (e)(5)</i> <i>Individual Service Plan</i> <i>pages 11 through 14 was secured</i> <i>from the Case Manager, Pam...</i> <i>See and after receiving it,</i> <i>immediately file it on the</i> <i>Residents folder under</i> <i>the Individual Service</i> <i>Plan.</i></p>	<p><i>4/11/19</i></p> <p style="text-align: right;">19 APR 22 PM 12:02</p> <p style="text-align: right;">STATE</p> <p style="text-align: right;">STATE</p> <p style="text-align: right;">RECEIVED</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(5) General rules regarding records:</p> <p>All records shall be complete and current and readily available for review by the department or any responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Individual Service plan on file is incomplete. Pages 11 through 14 are missing.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><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>11-89-18 Records and Reports (e)(5)</i></p> <p><i>Individual Service Plan forms from The Case Manager will be reviewed and checked immediately after receiving them if everything are okay and nothing is missing before filing it on the residents folder to prevent from happening again in the future.</i></p>	<p><i>4/11/19</i></p> <p style="text-align: right;">19 APR 22 P12:02</p> <p style="text-align: right;">STATE OF MARYLAND DEPARTMENT OF CORRECTIONS STATE LIBRARIAN</p>

RECEIVED

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-89-18 <u>Records and reports.</u> (e)(5) General rules regarding records:  All records shall be complete and current and readily available for review by the department or any responsible placement agency.  <u>FINDINGS</u> Resident #1 – Emergency information sheet is not up to date.	<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><i>11-89-18 Records and reports (e)(5)</i>  <i>Updated the Emergency Information sheet of the Resident.</i>  <i>Added the Detadine solution and Prospan ointment on the Medication Lists which has been always on the Medication PRN BOX and on the Medication Chart.</i></p>	<p><i>3/21/19</i></p> <p style="text-align: right;">19 APR 22 PM 2:02</p>

STATE OF CONNECTICUT  
 DEPARTMENT OF  
 STATE LICENSING

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(5) General rules regarding records:</p> <p>All records shall be complete and current and readily available for review by the department or any responsible placement agency.</p> <p><b>FINDINGS</b> Resident #1 – Emergency information sheet is not up to date.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><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>11-89-18 Records and Reports (e)(5) Emergency Information for Resident will be updated annually to ensure everything are current to the present.</i></p>	<p><i>3/21/19</i></p> <p style="text-align: right;">19 APR 22 PM 12:02</p> <p style="text-align: right;">STATE OF NEW YORK DEPARTMENT OF SOCIAL SERVICES STATE LICENSING</p> <p style="text-align: right;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><b>FINDINGS</b> Resident #1 – Physician’s order is “Regular, Bite size.” Current menu does not specify the bite sized texture for each food.</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><i>11-89-19 Nutrition (a)</i> <i>Regular Bite size Column on the Meal Plan and Snack Menu was added and put check mark on the food needed to be cut into bite size.</i></p>	<p><i>3/21/19</i></p> <p style="text-align: right;">19 APR 22 PM 12:02 STATE OF MICHIGAN STATE LICENSING</p>

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><b>FINDINGS</b> Resident #1 – Physician’s order is “Regular, Bite size.” Current menu does not specify the bite sized texture for each food.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><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>11-89-19 Nutrition (a)</i></p> <p><i>I will review 90-day update forms received from the PMD from time to time to check for any changes or new orders so that it will be updated immediately before filing it on the Residents folder to avoid happening again.</i></p>	<p><i>3/21/19</i></p> <p style="text-align: right;">19 APR 22 PM 2:02</p> <p style="text-align: right;">STATE OF TENNESSEE DEPARTMENT OF STATE LICENSING</p>

RECEIVED

Licensee's/Administrator's Signature: Pacita G. Corpuz

Print Name: PACITA G. CORPUZ

Date: APRIL 22, 2019

PERMITTING

'19 APR 22 PM 12:02

STATE OF ILLINOIS  
DEPARTMENT OF  
STATE LICENSING