

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Amodo, Gloria (ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 1437 Ala Leleu Street, Honolulu, Hawaii 96818</b>	<b>Inspection Date: November 5, 2020</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 WITHOUT YOUR RESPONSE.**

STATE LICENSING  
OFFICE  
STATE OF HAWAII

21 APR 12 10:43

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4)            The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b>FINDINGS</b>            Substitute Caregivers #1,2,3 – Documentation of primary caregiver (PCG) training unavailable for review. Submit a copy of PCG training with plan of correction.</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>Make sure documentation of PCG/SCG training available for review. To prevent this from happening again, document will be kept with my ARCH binder.</i></p>	<p style="text-align: center;">11/30/20</p>

RECEIVED  
FEB 05 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> Substitute Caregivers #1,2,3 – Documentation of primary caregiver (PCG) training unavailable for review. Submit a copy of PCG training with plan of correction.</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: center;">21 APR 12 AM 4:43</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>I will add PCG training document to caregiver's required document checklist. I will review checklist annually.</i></p>	<p style="text-align: right;"><i>4/12/21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b>FINDINGS</b>            Resident #1 – Incident report for emergency room visit on 3/5/2020 unavailable for review.</p>	<p style="text-align: center;">PART 1</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><i>In the future, incident report shall be made and retained by PG under separate cover and shall be made available to the dept.</i></p>	<p style="text-align: right;">11/30/20</p> <p style="text-align: right; color: blue;">RECEIVED FEB 05 2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b>FINDINGS</b>            Resident #1 – Incident report for emergency room visit on 3/5/2020 unavailable for review.</p> <p style="text-align: center;">STATE OF HAWAII            DOH-OHCA            STATE LICENSING</p> <p style="text-align: center;">21 APR 12 AM 4:43</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>I will put a reminder note on my CH binder reminding me to write and incident report immediately after an incident. I will place it in the incident folder.</i></p>	<p style="text-align: center;">4/12/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> Signaling device not working in resident's bathroom.</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>A bell was provided in res. bathroom - 11/5/20 Signaling device was replaced. To prevent this from happening again, signaling device will be checked monthly.</i></p>	<p style="text-align: right;"><i>11/5/20</i></p> <p style="text-align: right;"><i>11/21/20</i></p> <p style="text-align: right; color: blue;"><b>RECEIVED</b></p> <p style="text-align: right; color: red;"><b>FEB 05 2021</b></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> Signaling device not working in resident's bathroom.</p> <p style="text-align: center;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p> <p style="text-align: center;">21 APR 12 AM 4:43</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>I will put a reminder note on the refrigerator that says to check signaling devices every morning to make sure they're working.</i></p>	<p style="text-align: center;"><i>4/12/21</i></p>

Licensee's/Administrator's Signature: Gloria Amodo

Print Name: Gloria Amodo

Date: 4/12/21

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

21 APR 12 AM 4:43