

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E & R	CHAPTER 100.1
Address: 3034 Kalihi Street, Honolulu, Hawaii 96819	Inspection Date: February 5, 2021 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

21 FEB -8 P 4:02

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS Substitute Caregiver (SCG) #1 – No documentation of first aid certification.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <ul style="list-style-type: none"> • SCG #1 was not allowed to work with the residents until she completed her First Aid training and received her certification. • SCG #1 completed her First Aid training and received her certification on 3/4/2021. 	<p style="text-align: center;">3/4/2021</p> <p style="text-align: center;">21 MAR -8 P 4 02</p>

STATE OF HAWAII
DOH-OHCA
QUALIFICATION LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS Substitute Caregiver (SCG) #1 – No documentation of first aid certification.</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> <ul style="list-style-type: none"> • All new SCGs shall submit proof of First Aid certification on day of employment. • I shall notify SCGs that First Aid certification shall be renewed before or on date of expiration. • When First Aid certification is not renewed on date of expiration, SCGs shall be allowed to work with the residents until their First Aid certification has been renewed. 	<p style="text-align: right;">3/4/2021</p> <p style="text-align: center;">STATE OF HAWAII DHP-CHESA STATE LICENSING</p> <p style="text-align: center;">ZI NR-8 P402</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS Resident #1 - Monthly progress notes do not include observations and monitoring of resident's headbanging and compulsive behavior.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <ul style="list-style-type: none"> I have documented my observations and monitoring of Resident #1 head banging and compulsive behavior in the daily & monthly Progress Notes on 2/5/2021 due to the abrasion and bump on his forehead. I notified the physician/APRN and obtained orders for treatment of the abrasion. I also discussed the frequency of resident #1 head banging - compulsive behavior. <p>NOTE:</p> <ul style="list-style-type: none"> I have not been routinely documenting this headbanging compulsive behavior of resident #1 because I have discussed this behavior before and the physician/APRN are aware of his routine compulsive head banging behaviors. 	<p style="text-align: center;">3/4/2021</p> <p style="text-align: center;">21 NR-8 PA 02</p>

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	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><u>FINDINGS</u> Resident #1 noted to have a bump with abrasion on forehead. However, there was no incident report generated.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: center;">21 MAR -8 P 4 02</p>

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STATE OF HAWAII
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(4) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order;</p> <p>FINDINGS Smoke detector located by the hallway was beeping during the inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <ul style="list-style-type: none"> • The battery of the Smoke Detector located by the hallway was changed on 1/9/2021 • I called the electrician after the inspection to come and check the Smoke Detector because it was beeping. • The electrician came on 2/6/2021 and he changed the wiring of the Smoke Detector. • No beeping noted after the wiring was changed. 	<p style="text-align: center;"><i>2/6/2021</i></p> <p style="text-align: center;">21 MR-8 P402</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

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Licensee's/Administrator's Signature: Remedios Brion

Print Name: Remedios Brion

Date: 03-05-21

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 MR-8 P402