

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Bagasol (DDDH)</b>	<b>CHAPTER 89</b>
<b>Address: 911 A Lalawai Street, Wahiawa, Hawaii 96786</b>	<b>Inspection Date: February 8, 2021 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

21 JUN -8 AM 11:19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)</p> <p>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 – No progress notes for resident from May 2020 to current.</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> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>11-89-18(b)(2)</p> <p>AQ observation entries from May 2020 to February 2021 were noted in personal calendar and note pads instead of having it written and filed.</p> <p>Caregiver completed typing the observation notes and filed all on February 9, 2021 as late entries.</p> <p>To prevent late entries, caregiver needs to schedule self to write and print entries immediately after each event like medical visits, progress and activities. and for any other entries needed.</p> <p>Will also ask other caregiver to assist writing and/or reminding of the entries that need to be done.</p> </div>	<p style="text-align: right; font-size: 1.2em;">2/9/2021</p> <p style="text-align: right; font-size: 1.2em;">71 APR 12 P 3:45</p> <p style="text-align: right; font-size: 0.8em;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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	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> Fire exit obstructed with chairs, water hose; partially obstructing access to area of refuge.</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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>11-89-12</p> <p>The chair and the water hose were immediately removed after the inspection and thrown away, February 8, 2021.</p> <p>The chair was cut into pieces and placed in the regular trash bin.</p> <p>The leaky hose was also thrown away in the regular trash bin.</p> <p>In order to prevent this from happening, all areas of egress and ingress must be checked everyday and at all times, be more aware of the surroundings by both caregivers and to remove all and any obstructions for safe access.</p> </div>	<p style="text-align: right; font-size: 1.2em;">2/8/2021</p> <p style="text-align: right; font-size: 1.2em;">71 APR 12 P3:45</p>

STATE OF HAWAII  
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Bagasol DD Dom Home  
 911-A Lalaikai Street  
 Wahiawa, HI. 96786

<p>11-89-12 Structural requirements for licensure.          (b) One 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>          Fire exit obstructed with chairs, water hose, partially obstructing access to area of refuge.</p>	<p>Part 1          Did you correct the Deficiency?          On February 8, 2021, chair and water hose were removed.</p> <p>Part 2          Future Plan          The surroundings of the facility will be checked and maintained daily.          Checking the surroundings will be added in the Housekeeping Log and be checked daily.</p>	<p>Part 1. February 8, 2021</p> <p>Part 2. June 7, 2021</p>
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Licenses Administrator's Signature:   
 Print Name: Nely Bagasol  
 Date: June 7, 2021

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STATE OF HAWAII  
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Licensee's/Administrator's Signature: Mely Bagarol

Print Name: MELY BAGAROL

Date: 4/5/2021

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STATE OF HAWAII  
DOH-DHCA  
STATE LICENSING

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Please see attached.  
M. Baguel  
6/7/2021*

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