Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rodriguez Care Home	**CHAPTER 100.1**
Address: 1647 Paaaina Place, Pearl City, Hawaii 96782	**Inspection Date: March 30, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-8 Primary care giver qualifications. (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH; **FINDINGS** PCG - CPR and First Aid have expired.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, deficiency has been corrected. CPR and First Aid certifications has been re-obtained through class training.	04/17/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-8 Primary care giver qualifications. (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH; **FINDINGS** PCG – CPR and First Aid have expired.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To ensure mitigating any lapses of the CPR and First Aid certifications in the future, an official Licenses, Clearances and CE requirements list reflecting the licensees, licenses, and expiration dates shall be placed in view on the refrigerator. Regular checks shall be conducted twice a month; once at the 1st and second on the 15th.	04/17/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** SCG and PCG – Annual physical has expired.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, deficiency has been corrected. An Annual Physical had been scheduled, and conducted by the family physician. He has provided the required Annual Physical form, and has been submitted.	05/27/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** SCG and PCG – Annual physical has expired.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To ensure mitigating any lapses of Annual Physicals in the future, an official Licenses, Clearances and CE requirements list reflecting the licensees, licenses, and expiration dates shall be placed in view on the refrigerator. Regular checks shall be conducted twice a month; once at the 1st and second on the 15th to ensure no lapses.	05/27/2021

	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** PCG and SCG – No documentation for TB Clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, the deficiency has been corrected. TB Document F: State of Hawaii TB Clearance Forms has been completed and submitted.	05/27/2021

	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** PCG and SCG – No documentation for TB 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?** To ensure mitigating any lapses of TB Clearances in the future, an official Licenses, Clearances and CE requirements list reflecting the licensees, licenses, and expiration dates shall be placed in view on the refrigerator. Regular checks shall be conducted twice a month; once at the 1st and second on the 15th to ensure no lapses.	05/27/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** SCG – No documentation for CPR and First Aid.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, deficiency has been corrected. CPR and First Aid certifications has been re-obtained through class training.	04/17/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** SCG – No documentation for CPR and First Aid.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To ensure mitigating any lapses of the CPR and First Aid certifications in the future, an official Licenses, Clearances and CE requirements list reflecting the licensees, licenses, requirements, and expiration dates shall be placed in view on the refrigerator. Regular checks shall be conducted twice a month; once at the 1st and second on the 15th.	04/17/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. **FINDINGS** PCG and SCG – No documentation of Continuing Educations hours.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, the deficiency has been corrected. Continuing education hours are listed below: • Caring for Patients with Alzheimers and Dementia • Memory Loss and Forgetfulness • Overview of Preventative Care in Adults • Special Issues in the Geriatric Population Intimacy and Sexuality Safety Related Issues and Elderly Abuse	 03/22/2021 04/08/2021 04/09/2021 05/14/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. **FINDINGS** PCG and SCG – No documentation of Continuing Educations hours.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To ensure mitigating any lapses of Continuing Education requirements in the future, an official Licenses, Clearances and CE requirements list reflecting the licensees, licenses, requirements, and expiration dates shall be placed in view on the refrigerator. Regular checks shall be conducted twice a month; once at the 1st and second on the 15th.	04/17/2021

Licensee's/Administrator's Signature: Teresita B. Rodriguez

Print Name: Teresita B. Rodriguez

Date: 06/24/2021