

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Bolosan, Carmelita (ARCH)	CHAPTER 100.1
<b>Address:</b> 94-087 Waialeke Loop, Waipahu, Hawaii 96797	<b>Inspection Date:</b> September 3, 2020 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
<input checked="" type="checkbox"/> §11-100.1-8 Primary care giver qualifications: (a)(10) 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:  Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;  <b>FINDINGS</b> Primary Care Giver does not have the required number of hours of training sessions. Please send a copy of the additional hour needed with your Plan of Correction.	<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>Primary Caregiver has completed the required number of hours of training on 8/2020</i></p>	<p style="text-align: center;"><i>11-18-2020</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-8 Primary care giver qualifications. (a)(10) 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:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current.</p> <p><b>FINDINGS</b> Primary Care Giver does not have the required number of hours of training sessions. Please send a copy of the additional hour needed with your Plan of Correction.</p>	<p style="text-align: center;">PART 2 <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> <p><i>Primary Care Giver will make a calendar for dates of last training and check all the time if you receive the certificate and make sure to file it in the chart.</i></p>	11-18-2020

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. <b>FINDINGS</b> Resident #1-"Ondansetron 4mg (not using)" is written on the Medication Administration Record (MAR). Order reads "Dissolve 1 tab on top of tongue every 8 hours as needed for nausea or vomiting." Ordered on 7/30/20. Please transcribe all Doctors orders as written on the MAR.	<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>Ondansetron 4mg. CDT dissolve 1 tablet on top of the tongue every 8 hours as needed for nausea or vomiting</i></p>	<p style="text-align: center;"><i>9-3-2020</i></p>

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Licensee's/Administrator's Signature: Carmelita S. Bolosan

Print Name: CARHELITA S. BOLOSAN

Date: 11-18-2020

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