

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sagaysay, Makrina (ARCH)	CHAPTER 100.1
Address: 1112 Kopke Street, Honolulu, Hawaii 96819	Inspection Date: June 9, 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
<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><u>FINDINGS</u> SCG #1-3 – Primary caregiver training on medication administration unavailable for review. Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>SCG #1-3 Have been trained on Medication administration. Primary Care giver and Substitute Caregiver training Form Have been updated/completed For EACH SCG.</i></p>	<p style="text-align: center;"><i>6/1/21</i></p> <p style="text-align: right;">21 JUN 25 P2:26</p> <p style="text-align: right;">STATE OF HAWAII BOH-DHCA STATE LICENSING</p>

	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>FINDINGS SCG #1-3 – Primary caregiver training on medication administration unavailable for review. Submit a copy with plan of correction.</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> <p><i>In the Future, all SCG's will be trained on medication administration at the start of Employment, and the Primary Caregiver and Substitute Caregiver Training Form will be completed and SCG are properly trained. I have created a check list attached with items to review with SCG at the time of Employment.</i></p>	<p style="text-align: right;"><i>6/17/21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Emergency Information Sheet does not reflect resident’s current primary care physician, psychiatrist, diagnoses, and medications. Submit an updated copy with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Resident #1 Emergency Information Sheet Has been Completed with the Current Primary Care Physician, Psychiatrist, diagnoses and Medications</i></p>	<p style="text-align: center;"><i>6/11/21</i></p> <p style="text-align: center;">21 JUN 25 P 2:26</p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Emergency Information Sheet does not reflect resident’s current primary care physician, psychiatrist, diagnoses, and medications. Submit an updated copy with plan of correction.</p> <p style="text-align: right;">STATE OF HAWAII BOH-DHCA STATE LICENSING</p> <p style="text-align: right;">21 AUG 23 10:25</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> <p style="text-align: center;"><i>In the future I will put a reminder to update Resident Emergency Information sheet. After any changes in health status occur. I'll put a reminder note next to calendar where doctor visits are written.</i></p>	<p style="text-align: center;"><i>8/23/21</i></p>

Licensee's/Administrator's Signature: makrina Sagaysoy

Print Name: MAKRINA Sagaysoy

Date: 8/23/21

STATE OF HAWAII
DOH-DHICA
STATE LICENSING
21 AUG 23 AM 0:25