

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Debora's	CHAPTER 100.1
Address: 1773 Piikea Street, Honolulu, Hawaii, 96818	Inspection Date: August 10, 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 THIS NO RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING SECTION

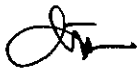
21
FEB 13 P 3:20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS Resident #1: No documented evidence of admission assessment by primary care giver.</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><i>Resident Admission Assessment is already updated. And its already filed at the resident chart.</i></p>	<p style="text-align: right;"><i>8/16/21</i></p> <p style="text-align: right;">21 SEP 13 P 3:20</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-PSYA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1: No documented evidence of admission assessment by primary care giver.</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>I will make sure that this won't happen again by making a check-list on what needs to be done upon admission of a client.</i></p>	<p style="text-align: right;"><i>8/16/21</i></p> <p style="text-align: center;">21 SEP 13 P 3:20</p> <p style="text-align: center;">STATE OF HAWAII BOH-001-A STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident #1,#2,#3: Three (3) residents certified as non self-preserving. License capacity allows for two (2) non self-preserving residents.</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>I corrected the deficiency by calling the MD's office + ask to correct the level of care of the client.</p> <p>Level of care is now corrected and MD will sign the order on our next visit.</p> <p>Now I only have 2 non-preserving residents.</p>	<p style="text-align: center;">9/7/21</p> <p style="text-align: center;">21 SEP 13 P 3:20</p> <p style="text-align: center;">STATE OF HAWAII DOH-OSCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident #1,#2,#3: Three (3) residents certified as non self-preserving. License capacity allows for two (2) non self-preserving residents.</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>Future plan is - During yearly PE I have to read (double check) the forms filled by the MD for the residents especially the self preserving form. 9/7/21</p> <p>I have to make a note on my checklist to always double check the forms signed by the MD before leaving the office.</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND COMMISSION ON STATE LICENSING</p>	<p style="text-align: center;">21 SEP 13 P 3:20</p>

Licensee's/Administrator's Signature: 

Print Name: Deborah Castro

Date: 9/7/21

21 SEP 13 P 3:20
STATE OF HAWAII
DH-ORCA
STATE LICENSING