Office of Health Care Assurance

'21 DEC 20 A8 :45

State Licensing Section

STATE OF HAWAII

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Irenea B. Alipio	**CHAPTER 100.1**
Address: **733 Iluna Place, Kahului, Hawaii 96732**	**Inspection Date: June 18, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	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** Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, #2, #3 – No documented evidence of current annual physical examination clearance by a physician or advanced practice registered nurse (APRN).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I made an appointment for my secondary caregivers to their physician, accompanied them and obtained a physical examination papers.	08-20-21

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

'21 SEP -3 P3:48

	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** PCG, SCG #1, #2, #3 – No documented evidence of current annual physical examination clearance by a physician or APRN.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will have calendar to remind me. that my physical examination And I have to ask my substitute to check my paper work. STATE OF HAWAII DEPT OF HEALTH STATE LICENSURE '21 DEC 20 A8:45	

	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, SCG #1, #2, #3 – No documented evidence of current annual tuberculosis clearance by a physician or APRN.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I assisted my secondary caregivers and I went with them to have their TB test done and had their TB. clearance taken	08-20-21

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 SEP -3 P3:48

	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, SCG #1, #2, #3 – No documented evidence of current annual tuberculosis clearance by a physician or APRN.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will have to provide a calendar to remind me that TB clearance due. And I have to ask my substitute to check my paper work. STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING	'21 DEC 20 A8:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(7) 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: Height and weight measurements taken; **FINDINGS** Resident #1 – No documented evidence of admission height and weight taken.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** Monthly heights and weights of my residents was done. I included my caregivers assisted me.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(7) 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: Height and weight measurements taken; **FINDINGS** Resident #1 – No documented evidence of admission height and weight taken.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will going to review my admission checklist before admitting a new resident. I will include my caregivers to be ~~inv~~ involve and assist me.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; **FINDINGS** Resident #1, #2 & #3 – No documented evidence of monthly weights taken for past eleven (11) months from July 2020 – May 2021.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** I forgot. I already took their heights and weights for the previous months.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; **FINDINGS** Resident #1, #2 & #3 – No documented evidence of monthly weights taken for past eleven (11) months from July 2020 – May 2021.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will going to put a red mark on the calendar as a reminder for me to take my residents monthly ~~Heights~~ heights and weights. Before my annual inspection comes. I will let my caregivers assist me.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. **FINDINGS** Resident #1 – Usage of white correction tape/liquid found March 2021, April 2021, & May 2021 medication administration record (MAR) and on progress notes dated 5/25/2021.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** I didn't know.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. **FINDINGS** Resident #1 – Usage of white correction tape/liquid found March 2021, April 2021, & May 2021 MAR and on progress notes dated 5/25/2021.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will not use any wipe-out to my mistakes. And I will include my substitute caregiver to check my paperwork.	

STATE OF HAWAII
DEPT OF HEALTH
STATE LICENSING

'21 DEC 20 A8:46

Licensee's/Administrator's Signature: [signature]

Print Name: IRENEA B. ALIPIO

Date: 12-17-2021

Licensee's/Administrator's Signature: [signature]

Print Name: IRENEA B. ALIPIO

Date: 08-20-2021

Licensee's/Administrator's Signature: [signature]

Print Name: IRENEA ALIPIO

Date: 08-02-2021