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STATE OF HAWAII  
DEPARTMENT OF  
HEALTH  
STATE LICENSING

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Sambajon, Remedios (ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-1042 Halelehua Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: April 19, 2022 Annual</b>

**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>  (d) The primary caregiver or licensee acting as the primary caregiver must be present in the Type I ARCH at all times unless the primary caregiver or licensee acting as the primary caregiver has secured a substitute caregiver to provide temporary coverage for the primary caregiver or licensee acting as the primary caregiver.</p> <p><b><u>FINDINGS</u></b>  Residents left unattended without a caregiver on site while all primary and substitute caregivers attended CPR training on 2/26/22</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>4/19/22</p>

STATE OF MARYLAND  
DOH-CODA  
STATE LICENSES/MS

22 MAY -3 PM 32



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b><u>FINDINGS</u></b> Refrigerator temperature above acceptable range at 58°F</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	<p>4/19/22</p> <p>22 MAY -3 P1:32</p> <p>STATE OF HAWAII DOH-CHC SPATELLE@HHS.HI</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	COMPLETION DATE
PAGE 4	<p><b><u>FINDINGS:</u></b></p> <p><i>Refrigerator temperature above acceptable range at 58°F</i></p>	<p><b><i>PART 1</i></b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p>Yes, I corrected the deficiency by moving the foods that needs refrigeration into our spare downstairs on 4/19/22. I hired a maintenance personale who works on refrigerators to come take a look at it through Honolulu Appliances. We ordered a replacement part that helps regulate the refrigerator and he has repaired it but it isn't working properly. After a few days the temperature regulator is still fluctuating. Honolulu Appliances will come out on 05/13/2022 with another new part and see if it will regulate better.</p> <p>**We still have the food that is prepared for the residents stored in our spare refrigerator and the refrigerator reads below 45°F.</p>	<p>04/19/2022</p> <p><i>R4.</i></p>

STATE OF HAWAII  
DOH-CCHD  
STANDARDIZATION

22 MAY -3 PM 31

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STATE OF HAWAII  
BOH-ONCA  
STATE LICENSE

22 MAY -3 P 1:32

	RULES (CRITERIA)	PLAN OF CORRECTION	COMPLETION DATE
PAGE 5	<p><b><u>FINDINGS:</u></b></p> <p>Refrigerator temperature above acceptable range at 58°F.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure that it doesn't happen again I will have a daily log on the refrigerator that states the temperature of the refrigerator along with the date. I have added alerts to my calendar with the daily reminder task to check and monitor the refrigerator and to document temperature readings. If it starts to go higher than 45°F I will be proactive to get it lower.</p>	<p>04/19/2022</p> <p><i>ps.</i></p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>22 MAY -3 P 1:31</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b>  Resident #2 – No documented evidence an annual TB clearance was obtained</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	<p>4/20/22</p>

STATE OF HAWAII  
DOH-CHCA  
STATE LICENSING

22 MAY -3 P 1:32

	RULES (CRITERIA)	PLAN OF CORRECTION	COMPLETION DATE
PAGE 6	<b><u>FINDINGS:</u></b>  <i>Resident #2- No document evidence an annual TB clearance was obtained.</i>	<p align="center"><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY.</b></p> <p>Yes, I did correct the deficiency. I misplaced the TB clearance from the doctors. I found it and put it into residents' chart. I followed up with resident's PCP and he confirmed that there was a copy of the TB clearance from their office.</p>	<p>04/20/2022</p> <p><i>RS</i></p>

22 MAY -3 P1 31  
STATE OF HAWAII  
DHP-PRO  
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	COMPLETION DATE
PAGE 7	<p><b><u>FINDINGS:</u></b></p> <p>Resident #2- No documented evidence an annual TB clearance was obtained.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To ensure that this does not happen again I have added notes on my calendar with all my resident annual physical appointments regarding their TB requirements to remember to ask the doctor to sign the appropriate paperwork that is needed per current state departmental policy regulations regarding TB clearance. I have taken action into printing and having proper documents ready and available when I do go to any Doctor appointments. I am implementing bringing a folder with me to all appointments and when I get home with my resident filing and charting all notes that are taken with me.</p>	<p>04/19/2022</p> <p><i>PL</i></p> <p>STATE OF MICHIGAN DEPARTMENT STATE Licensure</p> <p>22 MAY -3 P1:31</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <b>Records and reports.</b> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Resident attended physician visit for bilateral leg rash on 3/8/21 with ongoing medication treatment, “Triamcinolone Acetonide Cream 0.5%, apply two times a week” between 3/8/21-1/4/22; however, no documented evidence rash was being monitored.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>4/19/22</p> <p>22 MAY -3 P1:32</p> <p>STATE OF OHIO DOH-ORCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – July 2021 progress note unavailable for review</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will ensure it does not happen again by programming more frequently. In my phone reminder notes I have added it has a monthly check to ensure I've done all for that month.</p>	<p>5/10/22 LM P.L.</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
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	RULES (CRITERIA)	PLAN OF CORRECTION	COMPLETION DATE
PAGE 14	<p><b><u>FINDINGS:</u></b></p> <p>Hot water source unavailable. Hot water temperature measured at 85°F.</p>	<p><b><i>PART 1</i></b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICENCY.</b></p> <p>Yes, I corrected the deficiency. Because our hot water runs on solar energy we have now manually turned it on and have left it on (04/19/22). We called the Solar Hawaii to help us replace the pins for the timer that helps turn on and off the timer for when we need to turn on the hot water heater when there is no sun available. The timer is working functionally and now the hot water heater automatically turns on at 7pm-7am so that there is hot water available all day (04/24/22).</p>	<p>04/19/2022-04/24/22</p> <p><i>PS</i></p> <p>STATE OF HAWAII DEPT. OF STATE LICENSING</p> <p>22 MAY -3 P1:31</p>

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Licensee's/ Administrator's Signature: Remedios Sambayon

Print Name: Remedios Sambayon

Date: 4/30/2022

STATE OF HAWAII  
DOH-ORCA  
STATE LICENSING

'22 MAY -3 P 1:31

22 MAY 20 P 4:43

STATE OF HAWAII  
DOH-OSCA  
STATE LICENSING

Licensee's/Administrator's Signature: Remedios Sambajon

Print Name: REMEDIOS SAMBAJON

Date: 5-16-2022