

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lavigne-Namoca Care Home	CHAPTER 100.1
Address: 98-609 Kaamilo Street, Aiea, Hawaii 96701	Inspection Date: May 20, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-81 <u>Minimum structural requirements.</u> (b) All signaling devices shall be approved by the department and installed at bedside, in bathrooms, toilet rooms, and other areas where expanded ARCH residents may be left alone. All such signaling devices shall be approved by the department. In expanded ARCHs where the primary care giver and expanded ARCH residents do not reside on the same floor or when other signaling mechanisms are deemed inadequate, electronic signaling systems shall be installed.</p> <p>FINDINGS Resident #1- No call light at bedside. Call light located on wall across from bed.</p>	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>. Electric call light signaling device installed at bedside for resident #1. As well as two other call light signaling devices located in room.</i></p>	<p><i>5/21/2020</i></p> <p><i>6/3/2020</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-81 <u>Minimum structural requirements.</u> (b) All signaling devices shall be approved by the department and installed at bedside, in bathrooms, toilet rooms, and other areas where expanded ARCH residents may be left alone. All such signaling devices shall be approved by the department. In expanded ARCHs where the primary care giver and expanded ARCH residents do not reside on the same floor or when other signaling mechanisms are deemed inadequate, electronic signaling systems shall be installed.</p> <p><u>FINDINGS</u> Resident #1- No call light at bedside. Call light located on wall across from bed.</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>For future reminder, an advertisement will be located in care home binder, to ensure call light signaling device will always be accessible @ bedside for all residents for safety purposes.</i></p>	<p style="text-align: right;"><i>6/3/2020</i></p>

Licensee's/Administrator's Signature:

Ann Lavigne-Namosca

Print Name:

Ann Lavigne-Namosca

Date:

6/3/2020