

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aida's	CHAPTER 100.1
Address: 45-552 Liula Street, Kaneohe, Hawaii 96744	Inspection Date: November 23, 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.

22 JUN 17 9:18
STATE LICENSING SECTION
OFFICE OF HEALTH CARE ASSURANCE

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(12) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>If it is deemed necessary by the department, be examined by a physician and/or mental health professional as a condition for continued licensure. The examination shall be specifically oriented to determine if the primary care giver is physically and/or mentally capable of caring for the residents;</p> <p><u>FINDINGS</u> Primary Care Giver (PCG) – No documented evidence of a current physical examination clearance certified by a physician or advanced practice registered nurse (APRN).</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>New to MD's office PCG. P.E clearance cleared by MD's initial, with date + full signature of MD.</i></p>	<p style="text-align: right;"><i>12/20/21</i></p> <p style="text-align: right;">22 FEB 11 AM 2:46</p> <p style="text-align: right; font-size: small;">STATE OF OHIO DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(12) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>If it is deemed necessary by the department, be examined by a physician and/or mental health professional as a condition for continued licensure. The examination shall be specifically oriented to determine if the primary care giver is physically and/or mentally capable of caring for the residents;</p> <p><u>FINDINGS</u> PCG – No documented evidence of a current physical examination clearance certified by a physician or APRN.</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>In the future i have to make sure that all Caregivers including PCG will have Physical Exam prior to them start working in my facility, and annual renewal . See attached checklist</p>	<p>3/1/2022</p> <p style="text-align: right;">22 AUG 17 P 3:18</p> <p style="text-align: right;"><i>GTB</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 & House Hold Member (HHM) #1 - No documented evidence of a current physical examination clearance certified by a physician or APRN.</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 P.E done 12/8/21</i></p>	<p style="text-align: center;">22 FEB 11 AM 1:46</p> <p style="text-align: center; font-size: small;">STATE OF ARIZONA DEPARTMENT OF HEALTH 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> (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.</p> <p><u>FINDINGS</u> SCG #1 & HHM #1 - No documented evidence of a current physical examination clearance certified by a physician or APRN.</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;">In the future I have to make sure that all Caregivers must have Physical Exam prior to work and will renew annually. See attached checklist</p>	<p style="text-align: center;">3/1/22</p> <p style="text-align: right;">22 AUG 17 P3:18</p> <p style="text-align: right;"><i>J. Hunt</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p>FINDINGS Resident #1 - No documented evidence of a current annual diet order signed by a physician or APRN.</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>Took the document for correction several times but due to pandemic, MD's not available. Still waiting for the MD to sign ^{to state} the diet order. Error on the LOC was corrected & initialed, but missed to indicate the diet order, change #40. in Waiting for the document to be faxed back.</p>	<p>12/20/21</p> <p>pending</p> <p>still pending</p> <p>FEB 11 AM 1:46</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a current annual diet order signed by a physician or APRN.</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>The form w/c was given for physician to fill out doesn't have diet order. Inspect & check if the form has everything to be filled out. Double check Sm</p>	<p style="text-align: right;">1/20/21 1/30/21</p> <p style="text-align: right;">'22 FEB 11 AM 1:46</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

Licensee's/Administrator's Signature: Z.T. Baptista

Print Name: Zenaida T. Baptista

Date: 2/11/2022

22 FEB 11 AM 1:46
STATE OF HAWAII
DORIS
STATE LICENSING

Licensee's/Administrator's Signature: Zenaida T. Bautista

Print Name: Zenaida T. Bautista

Date: 8/15/2022

22 AUG 17 P 3:18