

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Good Shepherd LLC	CHAPTER 100.1
Address: 94-265 Puamano Place, Waipahu, Hawaii 96797	Inspection Date: June 21, 2022 Initial

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.

RECEIVED

JUL 29 2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – No documented history of positive tuberculosis test available for review.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes, I corrected the deficiency. 7/1/22 am submitting 2 results of the Substitute Care Giver It's available in the Care Home Binder-</i></p>	

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1, #2, #3 and #4 – No record of initial 2-step available for review.</p> <p>Resident #5 – No documented history of positive tuberculosis test available for review.</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>Yes - Corrected the deficiency. All of the residents went to a TB Health Clinic to have their 2nd step of their TB skin test. Results were all negative. Resident #1, 3, 4, and 5. See Attached. Resident #2, ^{Jace Flores} had a history of positive skin test. attached a copy of documented positive history of TB skin test for resident #2 Jace Flores</i></p>	<p><i>7/1/22</i></p> <p style="text-align: right;">22 JUL -5 AM 1:21</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS Resident #1 and #2 – No signed financial statement available for review.</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;">yes. already corrected the deficiency. Residents who have their own guardians need to let them sign the financial statement. Attached are ten forms signed by the guardians</p>	<p style="text-align: center;">7/1/22</p> <p style="text-align: center;">22 JUL -5 PM 1:21</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF SOCIAL SERVICES STATE LICENSING</p>

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	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 and #2 – No signed financial statement available 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>In the future, will use my admission checklist which include the Resident's Financial Statement. Will make sure it's signed especially to those residents who have guardians. That way in the future it won't happen again.</i></p>	<p>7/1/22</p>

Licensee's/Administrator's Signature: *Zennia Agpaga*
Print Name: Zennia Agpaga
Date: 7/29/22

Licensee's/Administrator's Signature: *Zennia Agapron*
Print Name: Zennia Agapron
Date: 7/5/2022

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