

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cacal, Evelyn (ARCH)	CHAPTER 100.1
Address: 94-1161 Hinaea Street, Waipahu, Hawaii 96797	Inspection Date: June 30, 2022 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 JUL 20 04:47
STATE OF HAWAII
DEPARTMENT OF HEALTH
COMMUNITY CARE LICENSING

	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>FINDINGS SCG # 5 – No documented evidence of an initial tuberculosis clearance.</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>SCG # 5 went to the Waipahu civic center to obtain a copy of their initial tuberculosis clearance dated 01-16-2019.</i></p>	<p>07/20/2022</p> <p style="text-align: right;">22 JUL 20 PM 4:47</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Substitute Care Giver #1 – No current first aid certification.</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>SCG# 1 obtained their current first aid certification on 07/05/2022.</i></p>	<p style="text-align: center;"><i>07/20/2022</i></p> <p style="text-align: right;">22 JUL 20 P 4:47</p> <p style="text-align: right; font-size: small;">STATE OF NEW YORK DEPARTMENT OF STATE SERVICES</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #2, #3, and #4 – No documented evidence of training by the PCG to make prescribed medications available to residents and properly record such action.</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>SCG #2, #3, and #4 completed training on 07/01/2022 by the PCG to make prescribed medications available to residents and properly record such action.</i></p>	<p><i>07/20/2022</i></p> <p style="text-align: right;">22 JUL 20 P4:47</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Medication order for Haloperidol from 8/30/2021 states, “<u>5</u> mg orally twice daily.” Medication order changed on 9/7/2021 to, “Haloperidol <u>10</u> mg orally twice daily;” however, the medication administration record (MAR) stated, “Haloperidol <u>10</u> mg orally twice daily,” since 8/30/2021. The MAR did not accurately reflect the medication as ordered by the physician.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">07/20/2022</p> <p style="text-align: right;">22 JUL 20 PA:47</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE DEPARTMENT</p>

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Licensee's/Administrator's Signature: Allen Gervacio

Print Name: Allen Gervacio

Date: 07/20/2022

STATE OF HAWAII
DEPARTMENT OF
TRANSPORTATION

22 JUL 20 P4:47