Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Evelyn's	CHAPTER 100.1
Address: 94-824 Kumukula Street Waipahu, Hawaii 96797	Inspection Date: July 19, 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.

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08/16/16, Rev 09/09/16, 04/16/18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **<u>FINDINGS</u>** Substitute Care Giver (SCG) #1 – No documented evidence of initial two-step tuberculosis (TB) clearance.	**PART 1** **<u>DID YOU CORRECT THE DEFICIENCY?</u>** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I double checked my Carehome book. It was misfiled in the wrong section of my CH book. Found SCG initial step two tuberculosis (TB) clearance dated 6/19/2019 - result 0mm. 26 And 8/23/19 - result 0mm	7/19/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Substitute Care Giver (SCG) #1 – No documented evidence of initial two-step tuberculosis (TB) clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will use checklist of required annual clearance items for my Staff as well as clearance items that are Needed prior to a New SCG starting work. (See attached)	~~10/6/22~~ (initialed) 7/19/22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(1) 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: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #1 – Readmitted on 8/14/20, however a new Primary Care Giver assessment was not completed.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** On 7/21/22, I completed the primary caregiver's assessment & Resident A.S. Guardian signed the form on 7/21/22	7/21/22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-17 Records and reports. (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: 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; **FINDINGS** Resident #1 – No documented evidence of initial two-step TB clearance available for review.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** On 7/21/22, I brought resident A.S. to Dr. Mettias of her Initial two-step skin test & On 7/23/22 for a skin test reading - result 0MM (Negative). Also has negative skin test dated 6/13/22.	7/23/22 '22 AUG -1 P12:33 STATE OF HAWAII DOH-OHCA STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-19 Resident accounts. (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. **FINDINGS** Resident #1 - Readmitted on 8/14/20, however a new financial statement was not completed.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident [redacted]. Guardian signed + completed the Financial Statement form on 7/21/22.	7/21/22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out; **<u>FINDINGS</u>** Resident #1 - Readmitted on 8/14/20, however a new care home policy form was not signed.	**PART 1** **<u>DID YOU CORRECT THE DEFICIENCY?</u>** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident [redacted] Guardian signed the NEW CARE HOME POLICY FORM on 7/21/22.	7/21/22

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Licensee's/Administrator's Signature: Evelyn Paco

Print Name: EVELYN PACO

Date: 8/1/22

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