STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Prime Health Services Care Home II	**CHAPTER 100.1**
Address: **107B Kilea Place, Wahiawa, Hawaii 96786**	**Inspection Date: November 2, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG#3 – No current documentation for the annual physical. Expired 10/30/21. **Please send copy with your Plan of Correction.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG#3 NO LONGER WORK WITH MY CARE HOME	9/24/22 TS

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG#3 – No current documentation for the annual physical. Expired 10/30/21. **Please send copy with your Plan of Correction.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** ~~PCG WILL~~ PCG MAKE A CHECKLIST OF ALL DOCUMENTS NEEDED BY ALL CARE-GIVERS INCLUDING ANNUAL PHYSICAL AND WILL BE REVIEWED/CHECK EVERY FIRST WEEK OF THE MONTH TO ENSURE THAT ALL DOCUMENT ARE CURRENT.	7/13/22

	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** SCG#3 – No documentation for current tuberculosis clearance. Expired 10/30/21. **Please send copy with your Plan of Correction.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG#3 IS NO LONGER WORKING IN THE CARE HOME.	5/24/22 TP

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	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** SCG#3 – No documentation for current tuberculosis clearance. Expired 10/30/21. **Please send copy with your Plan of Correction.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCC WILL HAVE A CHECKLIST OF ALL DOCUMENTS NEEDED BY ALL CAREGIVERS INCLUDING TB-CLEARANCE AND WILL BE REVIEWED/CHECK EVERY FIRST WEEK OF EACH MONTH TO ENSURE THAT ALL DOCUMENTS ARE CURRENT.	7/13/22 TB JUL 14 AM 8:52

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** SCG#2- No training documentation in binder. **Please send copy with your Plan of Correction.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG TRAINED SCG#2 TO MAKE MEDICATIONS AVAILABLE TO RESIDENTS, AND DOCUMENTED IT FILED IN THE CARE HOME FILES.	6/21/22 TK

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DEPT. OF HEALTH
STATE LICENSING

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☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** SCG#2- No training documentation in binder. **Please send copy with your Plan of Correction.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG WILL HAVE A CHECKLIST OF ALL DOCUMENTS REVIEWED BY ALL CAREGIVERS INCLUDING PCG TRAINING AND WILL BE REVIEWED / CHECKED EVERY FIRST WEEK OF THE MONTH TO ENSURE THAT ALL DOCUMENTS ARE CURRENT.	7/13/22 TH

	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 #3 – No documentation for current Tuberculosis clearance. Last one dated 2019. **Please send copy with your Plan of Correction.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** INCIDENT #3 PAST-AWAY BEFORE TUBERCULOSIS APPOINTMENT.	5/20/22 TB

STATE OF HAWAII
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Licensee's/Administrator's Signature: _____

Print Name: Robert M. Sattano PCG

Date: 5/24/22

Licensee's/Administrator's Signature: _____

Print Name: ~~RAFAEL~~ "RYAN" ANTONIO

Date: 7/13/22