

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Alma and Richard Pilar (DDDH)</b>	<b>CHAPTER 89</b>
<b>Address: 94-1105 Kahuanui Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: November 17, 2022 Annual</b>

**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) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

22 FEB -5 P12:58  
STATE OF HAWAII  
OFFICE OF HEALTH CARE ASSURANCE  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><u>FINDINGS</u>            Resident #1 – No evidence of two-step tuberculosis clearance available for review. Needs 2<sup>nd</sup> step.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>All process and procedures related to resident will be organized in all terms such as his medicine intake, treatment and procedures that will be done per doctors order, as well as its results will be reviewed well and kept on file.</p> <p>I will relay as well to my substitute caregiver to go over and review well the residents file.</p>	<p>11-23-22</p> <p style="text-align: right;">22 DEC -5 P12:58</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><b>FINDINGS</b>            Resident #1 – No evidence of two-step tuberculosis clearance available for review. Needs 2<sup>nd</sup> step.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>On Monday 21<sup>st</sup> of the month November, my resident was given the step 2 procedure for his PPD test. After 3 days, the result bore negative as read by RN.</p> <p>Furthermore, no untoward signs and symptoms was noted from the resident after the procedure. to date is fine without problems healthwise noted so far.</p>	<p>11-23-22</p> <p style="text-align: right;">22 DEC -5 P12:58</p>

Licensee's/Administrator's Signature:

Alma A. Pilar

Print Name:

ALMA A. PILAR

Date:

11-23-22

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