

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hermelina Apuya	CHAPTER 100.1
Address: 92-761 Paakai Street, Kapolei, Hawaii 96707	Inspection Date: October 26, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

21
10-25
P 3:32
STATE LICENSING SECTION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1 - No current physical examination. Submit a copy with the plan of correction (POC).</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, Substitute Caregiver No. 1 copy of P.E. obtained. See attached</i></p>	<p style="text-align: center;"><i>11-5-2021</i></p> <p style="text-align: center;">21 NOV -5 P 3:32</p> <p style="text-align: center;">STATE OF PENNSYLVANIA DEPARTMENT OF STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - No observations of resident's tolerance to regular chopped diet and dietary preferences. Progress notes did not include observations that the resident uses a straw for liquids. Primary care giver (PCG) stated the resident coughs less when using a straw for liquids.</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: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LABORATORY</p> <p style="text-align: center;">21 NOV -5 P 3:33</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p>FINDINGS Resident #1 - Progress notes of 10/11/21 noted "coughs after he eats and when drinking his water in the bottle;" however, no documentation that the physician was made aware.</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>yes, PCG called Resident No 1 PCP on 10-27-2021 regarding his coughing after drinking liquids. The nurse of Resident No 1 PCP called back on 10-28-21 at 1045 that she got the message and will let PCP of Resident No 1 know what is going on. The nurse of PCP of Resident No 1 told PCG to monitor and observe his coughing and write documentation. Call office if it gets worse. The nurse of PCP of Resident No 1 told PCG to monitor BP, swelling of right foot and document observation. She will call every month to check on Resident #1. She is scheduled to call on 11-24-21 at 1030</p>	<p>10-28-21</p> <p style="text-align: right;">21 NOV -5 P3:33</p>

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Licensee's/Administrator's Signature: Hermelina Apuya

Print Name: HERMELINA APUYA

Date: 11/5/2021

STATE OF HAWAII
DEPT. OF CHIEF OF POLICE
STATE LICENSING

21 NOV -5 P 3:33