

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: R & M Duran, L.L.C.	CHAPTER 100.1
Address: 94-628 Loa'a Street, Waipahu, Hawaii 96797	Inspection Date: April 11, 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.

STATE OF HAWAII
DOH OFFICE
STATE LICENSING

22 MAY 23 P 3:36

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #3 – No documented evidence of a current annual tuberculosis clearance from a physician or advanced practice registered nurse (APRN).</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 REQUESTED AND FAX THE FORM TO THE PCP TO PERFORM THE TB ASSESSMENT AND ATTESTATION SCREENING FORM THAT IS SUPPOSED TO BE INCLUDED AT THE TIME OF P.E. DAY ON 4/7/22. PROVIDED TO PCP A COPY OF TB TEST RESULT POSITIVE AND CHEST X-RAY AT TIME OF APPT ON 4/7/22.</p> <p>I OBTAINED A COPY OF THE COMPLETED TB ASSESSMENT AND ATTESTATION SCREENING FORM, FROM THE PCP, ON 4/14/22</p> <p>A COPY OF THE COMPLETED FORM, TB POSITIVE RESULT AND CHEST EX-RAY ARE PROVIDED TO THE DEPT.</p>	<p>22 APR 18/22 3:37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p>FINDINGS Resident #2 & Resident #4 – No documented evidence of a current inventory of resident belongings.</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 UPDATED RESIDENTS BELONGINGS. I DISCARDED WORN OUT ITEMS. I REFLECTED ON THE INVENTORY SHEET. WITH THE OTHER RESIDENT THAT DOES NOT HAVE ANY ACTIVITY, I CARRIED OUT ^{ITEMS} & REFLECTED IN THE INVENTORY SHEET, TO UPDATE.</p>	<p>4/12/22</p>

STATE OF HAWAII
DOH-ONCA
STATE LICENSING

22 APR 22 18:52

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Licensee's/Administrator's Signature: Maria L. Duran

Print Name: MARENILA L. DURAN, CNA.

Date: 5/18/22

Licensee's/Administrator's Signature: Maria L. Duran

Print Name: MARENILA L. DURAN, CNA.

Date: 4/18/22

STATE OF ARIZONA
DIVISION OF
SOCIETY OF NURSING

22 MAY 23 P3:37