

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Solmerin, Ofelia (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 366 Kapualani Street, Hilo, Hawaii 96720	Inspection Date: November 29, 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
 DH-ORCA
 STATE LICENSING

23 AUG 30 AM 1:06

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1 – no two (2) step tuberculosis (TB) skin test.</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>The same day I have to call my Substitute and asked her if she did the 2 step and she had so the following day she brought the copy</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 – admitted on 02-02-22, no level of care assessment.</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>I took my resident to the doctor to complete the level of care assessment and now I have it in my records.</i></p>	<p style="text-align: right;"><i>8/29/23</i></p> <p style="text-align: right;">23 AUG 30 AM 1:06</p> <p style="text-align: right;">STATE OF HAWAII DCH - SHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – physician order dated 01-04-22 read, “Selsun Shampoo 2.5% shampoo 1 tsp to scalp prn qhs then rinse – for dandruff.” However, medicated shampoo was not listed on the February 2022 medication record.</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>	

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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> (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:</p> <p>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;</p> <p>FINDINGS Resident #1 – admitted on 02-02-22, no two (2) step TB skin test. One (1) step completed 09-23-21.</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>I called the Dept. of Health and they sent me a copy of the resident TB test. Now I have a 2 step TB clearance for the resident in my records</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DH - DHCA STATE LICENSING</p>	<p style="text-align: right;">23 AUG 30 AM 11:06</p> <p style="text-align: right; font-size: x-large;"><i>8/29/23</i></p>

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Licensee's/Administrator's Signature: *Ofelia Solmerin*
 Print Name: OFELIA SOLMERIN
 Date: 8/29/23

STATE OF HAWAII
 BHM-QHCA
 STATE LICENSING

23 AUG 30 AM 11:06

Licensee's/Administrator's Signature: Ophelia Solman

Print Name: OFELIA SOLMAN

Date: ~~12/29~~ 12/29/22

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