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STATE OF HAWAII
DOH-OHCA
STATE LICENSING

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Josephine Cabal	CHAPTER 100.1
Address: 2322 Awapuhi Street, Hilo, Hawaii 96720	Inspection Date: May 8, 2024 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
X	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis. **FINDINGS** Resident #3 – No documented evidence of an annual tuberculosis clearance by physician or advance practice registered nurse on file	PART 1 **DID YOU CORRECT THE DEFICIENCY?** USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY YES. THE HOSPICE APRN DID A PHYSICAL EXAMINATION AND TUBERCULOSIS CLEARANCE WITH RESIDENT # 3.	05/10/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
X	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include. Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #3 – No documented evidence of an annual tuberculosis clearance by physician or advance practice registered nurse on file	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO PREVENT THIS DEFICIENCY FROM RECURRING. I WILL REVIEW ALL DOCUMENTS AND MAKE SURE ALL RESIDENTS HAVE THEIR PHYSICAL AND TUBERCULOSIS CLEARANCES DONE ANNUALLY. I WILL DEVELOP A CHECKLIST REMINDER FOR PROPER DOCUMENTS DATED AND SIGNED BY THE PHYSICIAN/APRN.	05/10/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency. **FINDINGS** Resident #1 – No documented evidence of a weight measurement taken for March 2024 and April 2024 on file. Resident #3 – No documented evidence of a weight measurement taken for April 2024 on file.	**PART I** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** YES, I TOOK TAPE MEASUREMENTS FOR RESIDENTS #1 AND #3 AND DOCUMENTED THEM ON THE HEIGHT AND MONTHLY WEIGHT RECORD.	05/09/24

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☒	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; **FINDINGS** Resident #1 – No documented evidence of a weight measurement taken for March 2024 and April 2024 on file. Resident #3 – No documented evidence of a weight measurement taken for April 2024 on file.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO PREVENT THIS DEFICIENCY FROM RECURRING, I WILL DEVELOP A CHECKLIST OF REMINDERS THAT IF THE RESIDENT CANNOT STAND UP ON THE SCALE, I WILL USE THE MEASUREMENT METHOD OF A TAPE MEASURE AS REQUIRED BY THE DEPARTMENT OF HEALTH AND DOCUMENT THEM MONTHLY OR AS PER THE PHYSICIAN/ APRN'S ORDER.	06/09/24

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Licensee's/Administrator's Signature: Josephine V. Cabral

Print Name: JOSEPHINE V. CABRAL

Date: MAY 13, 2024

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