

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ramelb Adult Residential Care Home	CHAPTER 100.1
Address: 16-1508 35 th Avenue, Keaau, Hawaii 96749	Inspection Date: July 18, 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. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE LICENSING
DIVISION

24 OCT 23 P 2:03

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1: White out used on resident register.</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 OHIO BOARD OF NURSING 24 OCT 23 12:03</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1: White out used on resident register</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>From now on, when admitting a resident and write on the resident register. I will not use a white out anymore. If there is an error I will cross it out and re-write legibly and clearly in my resident documentation records.</p> <p>I made a piece of paper write down "Do not use white out" with highlight then stick it in my binder folder records.</p> <p style="text-align: right;">24 OCT 23 PM 03</p>	<p>7/25/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p>FINDINGS Resident #1: video monitoring device in resident bedroom. No documented evidence of consent by resident.</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 made a surveillance camera consent form to a resident for monitoring safety and well being. resident unable to sign due to his condition. The legal representative (Per. nice) signed and dated. Primary care signed myself) signed too.</i></p> <div style="text-align: center;"> <p>STATE OF MISSISSIPPI</p> <p>DEPARTMENT OF HEALTH</p> <p>24 OCT 23 11:49 AM</p> </div>	<p><i>7-25-24</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(E) . Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p>FINDINGS Resident #1: video monitoring device in resident bedroom. No documented evidence of consent by resident.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, when resident, legal representative and primary caregiver plan to install a surveillance camera. I will inform the resident, legal representative (family member) to know and ask consent to install a surveillance camera to a resident for monitor safety and well-being. I will give the surveillance camera consent form to sign. I generate a checklist at admission with a notation that includes camera, this way I can obtain consent at admission. I also add a camera in my General Operational policy for me to remember.</i></p> <p style="text-align: right;">STATE STATE STATE</p> <p style="text-align: right;">24 OCT 23 10:03</p>	<p>7/25/24</p>

Licensee's/Administrator's Signature: Evelyn Ramirez

Print Name: EVELYN RAMIREZ

Date: 7/25/24

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