

Office of Health Care Assurance

State Licensing Section

24 OCT 28 PM 1:00

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Valdez Care Home	CHAPTER 100.1
Address: 94-1031 Lumiauau Street, Waipahu Hawaii 96797	Inspection Date: October 11, 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).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #2 (admitted 3/22/24) and Resident #3 (re-admitted 3/31/24) – Primary caregiver (PCG) assessment not appropriately completed – page one of the form unavailable for review.</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: right;">STATE STATE DEPARTMENT OF HEALTH SERVICES 24 OCT 28 P1 45</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>FINDINGS Resident #2 – Annual tuberculosis (TB) clearance not timely completed on or before May 2024. Records show initial TB clearance was done on 4/27/23 and it was renewed on 8/21/24.</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: right;">24 OCT 28 P 1:45</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (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 – Physician was not notified of significant weight changes as follows (data collected from monthly weight log):</p> <ul style="list-style-type: none"> • - 8 lbs between September (140 lbs) and October 2023 (132 lbs) • + 5 lbs between November (135 lbs) and December 2023 (140 lbs) 	<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: right;">24 OCT 2023 11:55</p>

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Licensee's/Administrator's Signature: Minda R. Valdez

Print Name: MINDA R. VALDEZ

Date: Oct. 28, 2024

24 OCT 28 PM 5:55
SECRET