Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Suetos Care Home	**CHAPTER 100.1**
Address: **4415 Ukali Street, Honolulu, Hawaii 96818**	**Inspection Date: July 5, 2023 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Substitute Care Giver (SCG) #1 and SCG #2 – No documented evidence of a current Tuberculosis (TB) clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** – SUBSTITUTE CARE GIVER #1 ANNUAL TB CLEARANCE WAS BEEN COMPLETED - (2/8/23) DOCUMENTATION HAS BEEN FILED IN MY ARCH RECORD BINDER -(7/16/23) – SUBSTITUTE CARE GIVER #2 ANNUAL TB CLEARANCE WAS BEEN COMPLETED - (7/12/23) DOCUMENTATION HAS BEEN FILED IN MY ARCH RECORD BINDER - (7/16/23)	7/16/23 7/16/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. FINDINGS Substitute Care Giver (SCG) #1 and SCG #2 – No documented evidence of a current Tuberculosis (TB) clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** -IN THE FUTURE, I HAVE TO REMIND MY SUBSTITUTE CARE GIVER TO OBTAIN THEIR ANNUAL TB CLEARANCE 2-3 MONTHS BEFORE MY ANNUAL INSPECTION. I ADDED A REMINDER MEMO ON MY CALENDAR THAT WILL BE POSTED AT MY DESK & A CHECKLIST REMINDER ON MY ARCH RECORD BINDER & A REMINDER IN MY CELL PHONE TO CALL OR TEXT MESSAGE THEM.	7/16/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** SCG #1 – First Aid certification on file expired 5/2023. SCG #2 – First Aid certification on file expired 9/2022.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** - SUBSTITUTE CARE GIVER # 1 FIRST AID CERTIFICATION WAS BEEN COMPLETED - (7/17/23) DOCUMENTATION HAS BEEN FILED IN MY ARCH RECORD BINDER (7/17/23) - SUBSTITUTE CARE GIVER # 2 FIRST AID CERTIFICATION WAS BEEN COMPLETED (7/12/23) DOCUMENTATION HAS BEEN FILED IN MY ARCH RECORD BINDER (7/16/23)	7/17/23 7/16/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** SCG #1 – First Aid certification on file expired 5/2023. SCG #2 – First Aid certification on file expired 9/2022.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** – FROM NOW ON, I HAVE TO REMIND MY SUBSTITUTE CARE GIVER TO RENEW THEIR FIRST AID CERTIFICATION 2-3 MONTHS BEFORE IT EXPIRES. I ADDED A REMINDER CHECKLIST MEMO IN MY DESK, A HARD COPY CALENDAR & A REMINDER NOTES ON MY CELL PHONE & ALSO TO TEXT MESSAGE THEM TO PREVENT FOR FUTURE DEFICIENCY.	7/16/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** SCG #1 – Cardiopulmonary Resuscitation (CPR) certification on file expired 5/2023. SCG #2 – CPR certification on file expired 9/2022.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** - SUBSTITUTE CARE GIVER #1 CPR CERTIFICATION WAS BEEN COMPLETED -(6/24/23) DOCUMENTATION HAS BEEN FILED IN MY ARCH RECORD BINDER - (7/16/23) - SUBSTITUTE CARE GIVER #2 CPR CERTIFICATION WAS BEEN COMPLETED -(7/12/23) DOCUMENTATION HAS BEEN FILED IN MY KRCH RECORD BINDER - (7/16/23)	7/16/23 7/16/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** SCG #1 – Cardiopulmonary Resuscitation (CPR) certification on file expired 5/2023. SCG #2 – CPR certification on file expired 9/2022.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** - FROM NOW ON, I HAVE TO REMIND MY SUBSTITUTES CARE GIVER TO RENEW THEIR CPR BEFORE IT EXPIRES. I PUT A REMINDER ON MY CHECKLIST MEMOS, CALENDAR ON MY DESK, REMINDERS ON MY CELL PHONE, EMAIL OR TEXT MESSAGES THEM TO AVOID ANOTHER DEFICIENCY IN THE FUTURE	ES 8/16/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – No documented evidence that medications ordered by the physician are being made available to the resident from December 2, 2022 to July 5, 2023.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** - IMMEDIKTELY AFTER MY ANNUAL INSPECTIONS. ALL MEDICATION RECORDS HAS BEEN PRINTED, SIGNED & COMPLETED ON 7/5/23 FOR MONTH OF DECEMBER 2022 TO JULY 2023. DOCUMENTATION HAS BEEN FILED IN THE RESIDENT #1 BINDER	7/5/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – No documented evidence that medications ordered by the physician are being made available to the resident from December 2, 2023 to July 5, 2023.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** - FROM NOW ON, I WILL PRINT, CHECKED & SIGNED MY RESIDENT'S MEDICATION RECORD AS SOON AS I GAVE THE MEDICATIONS. ALL SUBSTITUTE CARE GIVERS HAS BEEN RE-TRAINED TO CHECKED & SIGNED AFTER GIVING SUCH MEDICATION. I WILL CHECK WEEKLY ALL MEDICATION RECORDS ~~WEEKLY~~ AS TO PREVENT FOR FUTURE DEFICIENCY.	7/6/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – No Medication Administration Record (MAR) observed in resident's chart from December 2, 2021 to July 5, 2023	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** - ALL MEDICATION RECORD FOR RESIDENT #1 HAS BEEN PRINTED, CHECKED & SIGNED & COMPLETED 7/5/23 ATTACHED A COPY FOR MEDICATION RECORD FOR THE MONTH OF JULY	7/5/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – No Medication Administration Record (MAR) observed in resident's chart from December 2, 2023 to July 5, 2023.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** -IN THE FUTURE, I WILL PRINT, CHECKED & SIGNED MY RESIDENT'S MEDICATION RECORD AFTER GIVING MEDICATIONS. ALL SUBSTITUTE CARE GIVERS HAS BEEN RE-TRAINED TO CHECKED & SIGNED AFTER GIVING MEDICATION. I WILL IMPLEMENT THAT IS DONE PROPERLY TO AVOID FUTURE DEFICIENCY.	7/6/23

Licensee's/Administrator's Signature: Edelina G Santos

Print Name: EDERLINA G. SANTOS

Date: 7/18/23