

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ai ARCH	CHAPTER 100.1
Address: 1329 Ala Aolani Street, Honolulu, Hawaii 96819	Inspection Date: December 10, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> [REDACTED] Clarify order with physician.</p>	<p>[REDACTED]</p> <p>In the future, I will train my sub to help care giver to check physician order to be sure the order is correct.</p>	11/20/2016
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b>FINDINGS</b> Resident [REDACTED] emergency data sheet incorrect, not all medications listed.</p>	<p>[REDACTED]</p> <p>→ In the future, I will train my care giver to check patients chart, and pages for book, to be sure everything is correct.</p>	11/20/2016

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b>FINDINGS</b></p> <p>[REDACTED] Please submit one (1) hour of continuing education for each person listed in deficiency with your plan of correction.</p>	<p>[REDACTED]</p> <p>In the future, I will train my substitute caregiver to check Register Book to insure we have 12 hours continuing education</p>	1/21/2016

Licensee/Administrator's Signature: \_\_\_\_\_

[REDACTED SIGNATURE]

Print Name: Josephine Harms

Date: 1/21/16