

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fernandez, Carlina (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 137 B Hokulani Street, Hilo, Hawaii 96720	Inspection Date: March 27, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p>FINDINGS Resident [redacted] review of care plan not done monthly, currently being reviewed every 3-6 months.</p>	<p><i>Spoke with case manager on April 21, 2015. In the future I will check each month the care plan with the case manager to make sure they are reviewed and update as needed. Both the case manager and I will date and sign the reviews.</i></p>	<p><i>4-21-15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p>		

Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;

FINDINGS

Resident [redacted] comprehensive assessment not being done every six (6) months. [redacted]

In the future I will check prior to the case manager leaving the home to ensure that the comprehensive assessment are completed every six months as required or soon if needed

Licensee/Administrator's Signature: Carlina Fernandez

Print Name: CARLINA FERNANDEZ

Date: 4-21-15