

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

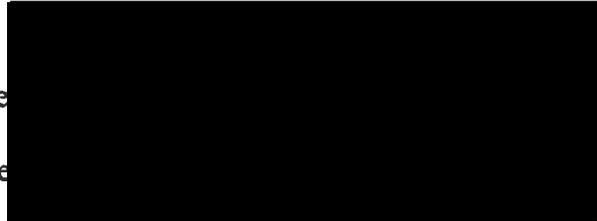
Facility's Name: Family Ties Adult Residential Care Home	CHAPTER 100.1
Address: 1119 Kahauiki Place, Honolulu, Hawaii 96819	Inspection Date: January 5, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (a)(4) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH;</p> <p><b>FINDINGS</b> No current license posted</p>	<p>In the future I need to make sure my ARCH/Expanded ARCH license shall be posted @ all times visible for public or by the department.</p> <p>&gt; Current License posted.</p>	3/20/17
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><b>FINDINGS</b></p> <p>[REDACTED]</p> <p>No documentation that alternative foods were offered/available for resident with multiple food allergies.  No documentation of substitutions for resident with multiple food allergies.  <i>Please submit a one (1) week menu with your plan of correction.</i></p>	<p>In the future I need to make sure I know the resident's listed allergies &amp; review the weekly menus to make sure this listed allergies are not written nor provided on the menu.</p> <p>anyway I checked resident allergies when she had a doctor appointment dated [REDACTED] apparently the above allergies is not listed in the patient profile. MD ordered allergies &amp; ordered okay to give [REDACTED] &amp; [REDACTED] but not [REDACTED]. In the meantime, [REDACTED] &amp; [REDACTED] are listed as resident allergies.  <u>See attached sheets of 1 week menu (enclosed.)</u></p>	<p>3/20/17</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-13 Nutrition. (l)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b>FINDINGS</b></p> <p>[REDACTED] special diet was not provided as ordered.  [REDACTED]</p>	<p>In the future I need to make sure I know the resident diet ordered, so that if special diet was ordered it should be provided &amp; it reflects on the diet menu.  Diet is now [REDACTED] as of [REDACTED]</p>	<p>3/20/17</p>
<p><input checked="" type="checkbox"/></p>	<p>§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.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b></p> <p>[REDACTED]</p>	<p>In the future, I need to make sure to clarify the orders to the doctor, especially if there are discrepancies of orders such as [REDACTED] before meals hold it BSCXO I reviewed [REDACTED] record. See attached sheets for info.</p> <p>Before leaving the doctors office I'll clarify right away to avoid the same mistake in the future.</p>	<p>3/20/15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(3)  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 date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p><b>FINDINGS</b></p> <p>[REDACTED] medication list attached to resident emergency information sheet was not current.</p>	<p>In the future I need to make sure current medication list of resident emergency sheets must be the same &amp; all times &amp; updated right away when there are changes in current medication such as new prescriptions, discontinued meds or in dosages.</p> <p>"Current med list of emergency sheets are both the same &amp; updated"</p>	<p>3/20/15</p>

Licensee/Administrator's Signature



Print Name

Date: 3/20/08