

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Anastacio, Faye (ARCH)	CHAPTER 100.1
Address: 45-507 Kahili Street, Honokaa, Hawaii 96727	Inspection Date: September 22, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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 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><u>FINDINGS</u> No documented menu substitutions.</p>	<p>SUBSTITUTED MENU COMPLETED. IN THE FUTURE ANY MENU SUBSTITUTIONS SHALL BE DOCUMENTED DAILY. IF NO SUBSTITUTIONS MADE WILL NOTEATE</p>	<p>SEPT. 25, 2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts</u>. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b>FINDINGS</b>  [REDACTED] no financial statement documenting who will be responsible for the resident's funds or property.</p>	<p>UPDATED FORM COMPLETED  RESIDENT IS CAPABLE OF MANAGING [REDACTED] MONTHLY ALLOWANCE. FORMS WILL BE UPDATED YEARLY OR WHEN APPLICABLE CHANGES ARE NECESSARY.</p>	<p>SEPT. 23  2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C)  Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b>FINDINGS</b>  [REDACTED] no signed general operational policy.</p>	<p>UPDATED FORM COMPLETED  ALL FORMS SHALL BE UPDATED YEARLY OR WHEN APPLICABLE CHANGES ARE NECESSARY.</p>	<p>SEPT 23  2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B)  Bedrooms:</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><b><u>FINDINGS</u></b> No pliable plastic pillow protectors on resident pillows.</p>	<p>NEW PILLOW PROTECTORS PURCHASED RESERVE PROTECTORS ALSO PURCHASED TO PREVENT ANY FURTHER USE OF DAMAGED COVERS FOR REPLACEMENT</p>	<p>Sept. 24. 2015</p>

Licensee/Administrator's Signature: Jaye Anastacio

Print Name: FAYE V. ANASTACIO

Date: NOV. 2, 2015