

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Golden Age Health Care	CHAPTER 100.1
Address: 94-1141 Lumiauau Street, Waipahu, Hawaii 96797	Inspection Date: March 31, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS Substitute care giver (SCG) [redacted] and SCG [redacted] no training provided by primary care giver (PCG).</p>	<p>In the future, I will make sure all caregivers will be trained and documented by me before they can become my substitute I will add "substitute care-giver training form to my checklist for new substitute caregiver SCG [redacted] were trained + documented</p>	4/20/15
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p>FINDINGS</p>	<p>In the future, I will make sure all ordered medication will be written correctly on the patient medication record.</p>	next page pls.

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]	I will ask SCG [REDACTED] or RNCM to double check to make sure all medication reflect correctly on the Medication Record I made	
☒	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p>FINDINGS No monthly smoke detector checks for June and August 2014.</p>	<p>In the future, I will make sure I will sign my smoke alarm check form every month, after checking right away.</p> <p>I will make a note for myself using the calendar to remind me to check the alarm. I will now incorporate it with my fire drill monthly.</p>	
☒	<p>§11-100.1-80 <u>Licensing.</u> (d) Policies and procedures shall be developed by the licensee to meet the provisions of this chapter.</p> <p>FINDINGS Resident [REDACTED] general operational policy did not address case management services.</p>	<p>In the future, I will make sure the general operational policy will include case management services. Will add in my checklist for admission/readmission.</p>	→ Pls. see back for correction .TY
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) Case management services for each expanded ARCH resident</p>		

RNCM- case manager\$

Licensee/Administrator's Signature:



Print Name:

Date: 4/24/15