

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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STATE OF HAWAII  
DOH-OHCA LICENSING

Facility's Name: Hale Puuhonua LLC	CHAPTER 100.1
Address: 15-1735 19 <sup>th</sup> Street, Keaau, Hawaii 96749	Inspection Date: May 8, 2015 Annual

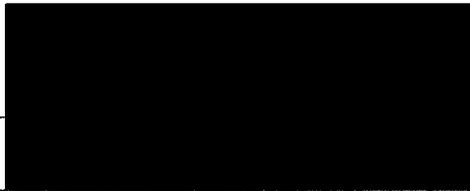
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b>FINDINGS</b> [REDACTED]</p>	<p>[REDACTED] Going forward, CHO and a substitute will separately review all office visit notes &amp; compare them against the current medication list for accuracy.</p>	6/5/15
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p>	<p>CHO will update resident's inventory documents on an annual basis, in early January, not just as items are added or deleted. [REDACTED]</p>	6/30/15

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b>            [REDACTED] inventory of resident possessions not current, date of last update unknown.</p>		
<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><b>FINDINGS</b>            [REDACTED]</p>	<p>CHO met in person with RNCM on 6/3/15 and explained the requirement for the care plan to be reviewed monthly or as appropriate.</p>	<p>6/3/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9)            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>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><b>FINDINGS</b>            [REDACTED]</p>	<p>CHO met in person with RNCM on 6/3/15 and explained the requirement for care giver skills training to be completed yearly or more often as needed.</p>	<p>6/3/15</p>

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

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



8/11/15