

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hokulaki Elder Care, LLC	CHAPTER 100.1
Address: 45-526 Nakuluai Street, Kaneohe, Hawaii 96744	Inspection Date: March 31, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident ■ Level of care assessment not obtained prior to admission.</p>	SEE ATTACHED STATEMENT	4/3/15
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator</p>	SEE ATTACHED STATEMENT	3/31/15

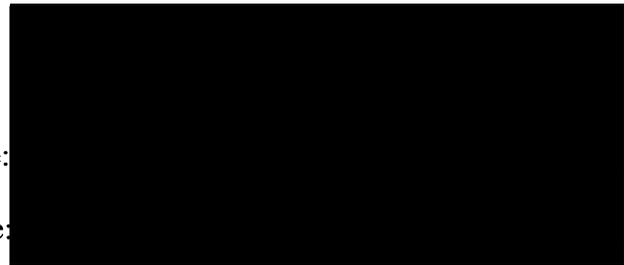
	Rules (Criteria)	Plan of Correction	Completion Date
	<p>shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS Resident [REDACTED] not secured in refrigerator.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS [REDACTED]</p>	SEE ATTACHED STATEMENT	3/31/15
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p>FINDINGS Path to area of refuge obstructed by gate with latched bolt that engages into the concrete walkway.</p>	SEE ATTACHED STATEMENT	4/1/15
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident ■ Self-preservation certification not obtained prior to admission.</p>	<p>SEE ATTACHED STATEMENT</p>	<p>4/3/15</p>

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____



16 Apr 15

Facility's Name: HOKULAKI ELDER CARE, LLC

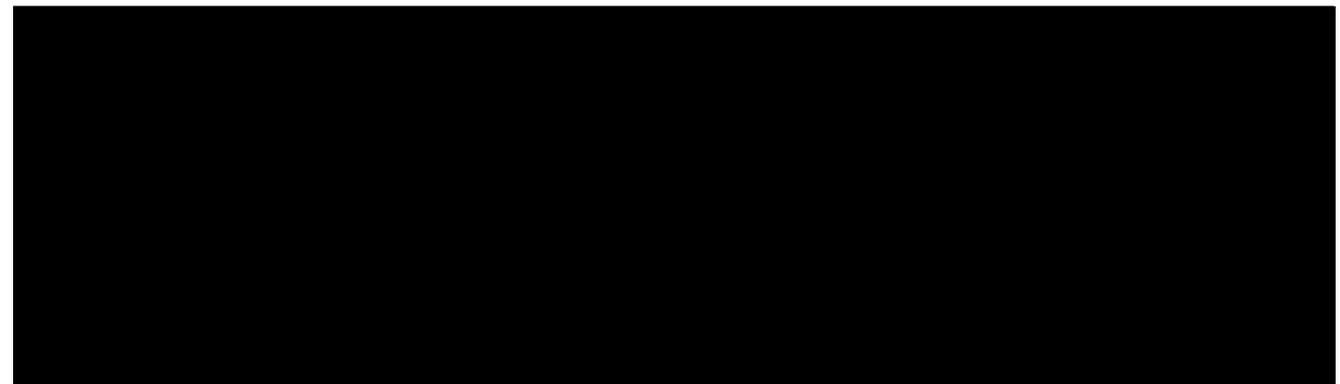
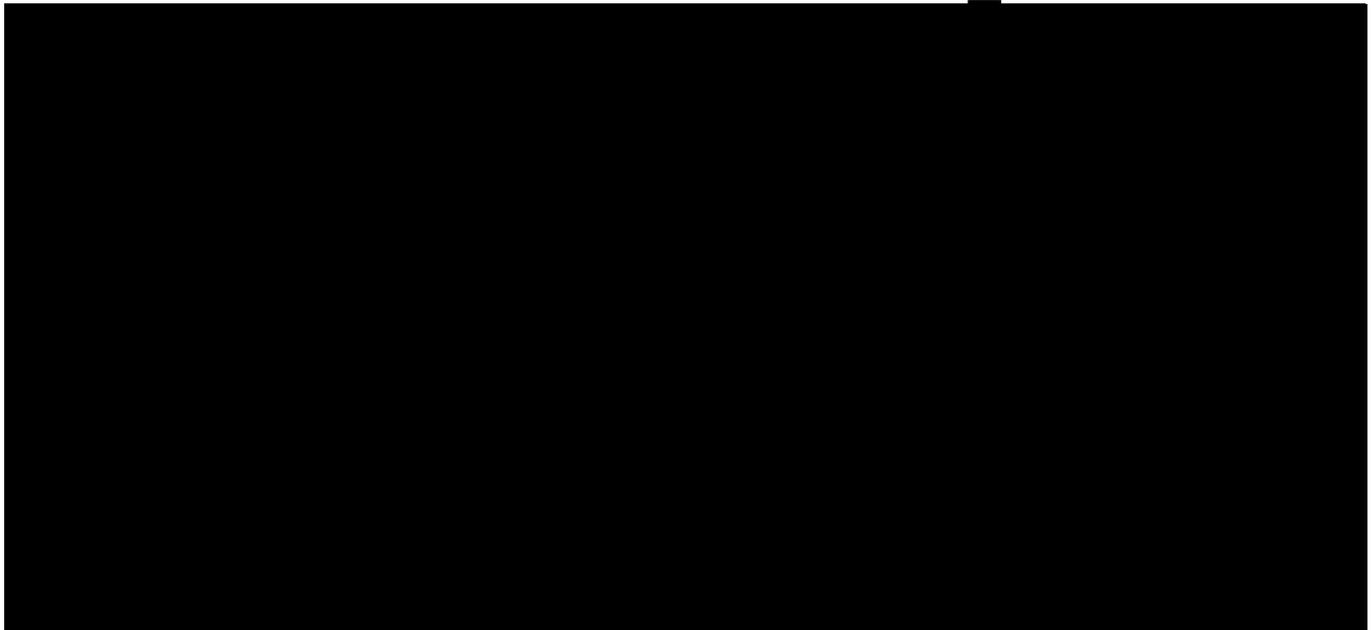
PCG: [REDACTED] CNA, PCG

Annual Inspection Date: March 31, 2015

PLAN OF CORRECTION:

11-100.1-10 (a) - Admission Policies

11-100.1-23 (g)(3)(I) - Physical Environment



Nonetheless, the Physical Exam, Level of Care and Self Preservation Statement forms should be done, signed and dated before admission to the care home and placed in the resident's Medical Record for review. Also informed PMD of rule & regulation re: Admission forms need to be done prior to admission.

April 3, 2015

Department of Health
Office of Health Care Assurance

[Redacted]

To Whom It May Concern;

[Redacted]

Sincerely,

[Redacted]