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Office of Health Care Assurance

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State Licensing Section

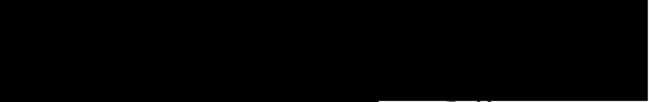
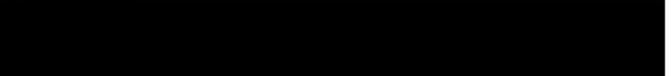
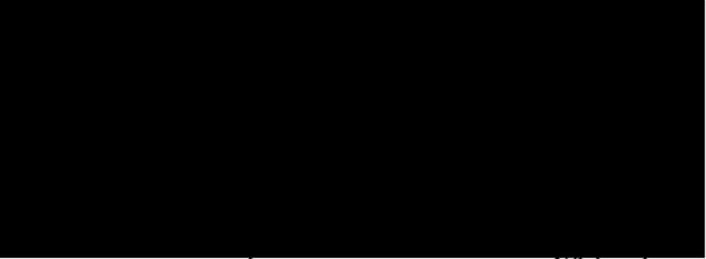
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
HCH-ONCA LICENSING

Facility's Name: HooNani Care Home	CHAPTER 100.1
Address: 65-1267B Lindsey Road, Kamuela, Hawaii 96743	Inspection Date: July 28, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p>FINDINGS [REDACTED]</p>	<p>[REDACTED]</p> <p>Plan of Correction: Document all Verbal Authorizations prior to admission + have Physician sign to verbal orders/auths.</p>	8-28-15
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS [REDACTED]</p>	<p>[REDACTED]</p> <p>Will review all medication flow sheets before filing as well as require all staff to verify all signatures on each shift.</p>	8-1-15

		will be sure to write out clear medication dosing instructions from now on.	
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS</p>	<p>PCG will verify all meds on Physician Orders + request their discontinuance in writing / w/ signature, in the future.</p>	<p>7-28-15 (Formal D/C of meds was faxed over during inspection)</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS</p>	<p>Will have a formal review documented + signed in the future. All medications (see back)</p>	<p>7-28-15 (Medication update completed during inspection)</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p>FINDINGS</p>	<p>will now have a Medication change form that will be faxed to Doctor when adjustments are made, along with all Residents This form will be carefully</p>	

	 	<p>Reviewed to ensure all details are included regarding Medication info. Medication Flow Sheets will be reviewed every 3-4 months, if not sooner, to ensure synchronization.</p>	<p>8-28-15</p>
<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>Daily + Monthly flow sheet checks will be performed more thoroughly.</p>	<p>8-28-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS</p> 	 <p>Future admissions will have all the documentation in order prior to admission, including Physicians Signature + Date.</p>	<p>8-28-15</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p>FINDINGS  </p>	<p>The above corrections will be encompassing this finding, as well.</p>	<p>8.28.15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS  </p>	<p>Incident Reports will now be completed for all scenarios when a resident is on the floor, even if it's a gentle fall. Incident reports will also be completed even when family takes the resident to E.R. to ensure they are ok. I apologize for not understanding this and putting these items in progress notes rather than in an incident report. K. K. C. C.</p>	<p>8.28.15</p>

E.R. to ensure they are ok. I apologize for not understanding this and putting these items in progress notes rather than in an incident report. K. K. C. C.

Licensee/Administrator's Signature: K. G.
Print Name: Karyn Clay
Date: 8-28-15

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Facility's Name: HooNani Care Home	CHAPTER 100.1
Address: 65-1267B Lindsey Road, Kamuela, Hawaii 96743	Inspection Date: July 28, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p>FINDINGS [REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS [REDACTED]</p>	<p>Created an "Order Clarification Form" to fax to Physician + confirm all Medications are clearly acknowledged and approved prior to making them available to Residents All orders will be reviewed by PCC.</p>	10-17-15

<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p>FINDINGS</p>	<p>The "Order Clarification Form" will be faxed to the Physician once telephone/verbal orders are given. PCCO will ensure signage of such orders are obtained within 4 months at the very latest.</p>	10-12-15

	 	<p>Clarifying information including OTC names + details of the dosage, times, etc. will be clearly documented.</p>	
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Licensee/Administrator's Signature:



Print Name:



Date:



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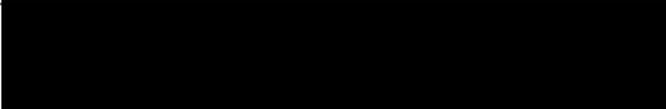
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Sign the order at Residents next office visit or within 4 months.

	 		
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Licensee/Administrator's Signature: Kay G
Print Name: Kayn Clay
Date: 12-11-15