

Office of Health Care Assurance

State Licensing Section

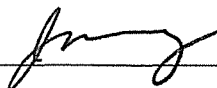
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Josie's Ohana	CHAPTER 100.1
Address: 1388 Haloa Drive, Honolulu, Hawaii 96818	Inspection Date: April 7, 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> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS</p>	<p><i>This time I will make sure to use a checklist as my guideline or a calendar to remind me for my recording</i></p>	<p>5/14/15 <i>Joy</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS</p>	<p><i>In the future I will use a checklist or a calendar as my guideline to remind for my recording</i></p>	<p>5/14/15 <i>Joy</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	SCG #1 no current first aid certification. Submit copy with your POC.		
☒	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS</p>	<p>[REDACTED]</p> <p><i>In the future I will use a checklist or a calendar as my guidelines to remind me for my recording purposes.</i></p>	<p>5/14/15</p> <p><i>[Signature]</i></p>
☒	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS</p>	<p>[REDACTED]</p> <p><i>This time I will make sure to use a checklist or a calendar as my guideline to remind me for recording purposes.</i></p>	<p>5/14/15</p> <p><i>[Signature]</i></p>
☒	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p>FINDINGS</p>	<p>[REDACTED]</p> <p><i>As a reminder I will use my checklist to add on new medication into the emergency data sheets or a calendar for future use.</i></p>	<p>5/14/15</p> <p><i>[Signature]</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p><i>In the future I will use my checklist as my guidelines or a calendar to remind me to write down into my general register record.</i></p>	<p>5/14/15</p> <p><i>[Signature]</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate; advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p>FINDINGS</p> <p>[REDACTED] care givers are to be trained yearly by the case manager or the primary care giver with the assistance of the case manager yearly. Last training by case manager completed 2012.</p>	<p>[REDACTED]</p> <p><i>In the future I will used a checklist as my guidelines or a calendar to remind my case manager + me for our yearly training as mandated</i></p>	<p>5/14/15</p> <p><i>[Signature]</i></p>

Licensee/Administrator's Signature: 
Print Name: JOSEFINA RODRIGUES
Date: 5/14/15