

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kahuanani Place	CHAPTER 100.1
Address: 94-284 Kahuanani Place, Waipahu, Hawaii 96797	Inspection Date: January 13, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> Primary care giver [REDACTED] has five (5) continuing education hours (CEUs), six (6) hours are required. Submit one (1) CEU with your plan of correction (POC).</p>	SEE ATTACHMENT	
<input checked="" type="checkbox"/>	§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a)		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>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 PCG and family member (FM) [REDACTED] no current physical examination. Submit copies with your POC.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS FMs [REDACTED] no current tuberculosis (TB) clearance. Submit copies with your POC.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Resident [REDACTED] 2-step TB test completed [REDACTED] however the results were not recorded. Submit copies with your POC.</p>	<p>STATE OF MARYLAND IN-PHYSICIAN FILE #</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)</p>	<p>15 JUN 30 2:13</p>	

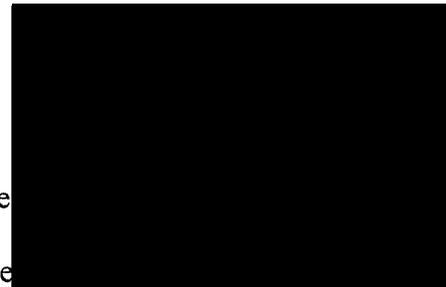
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Rules (Criteria)	Plan of Correction	Completion Date
<p>Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the 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 Resident [redacted] progress notes indicated a [redacted] no incident report generated.</p>		

Licensee/Administrator's Signature

Print Name

Date:



6/25/15

KAHUANANI PLACE

An Adult Residential Care Home
94 - 284 Kahuanani Place
Waipahu, Hawaii 96797

6/25/15

PLAN OF CORRECTIONS

Annual Inspection January 13, 2015

11-100.1-8 Primary Caregiver qualifications. (a)(10)

The licensee of Kahuanani Place has created and established a Continuing Education and Training binder.

In the future, all Kahuanani Place Continuing Education Units such as: training certificates, In-service training records, educational experiences and all other related documentation will be stored and managed in the CEU binder. This CEU binder and its related contents have been added to monthly audit checklists to ensure all documents are maintained in a timely manner.

A copy of the required CEU is attached.

11-100.1-9 Personnel, staffing and family requirements (a)

The Licensee and Primary care giver have revisited this area of deficiency. The tracking calendar has been reimplemented and coincides with monthly audit checklists and records logs.

In the future, standard operating procedures have been set to ensure required documents, records and other related documents are stored in proper binders in a timely manner.

A copy of PCG and (FM) [REDACTED] current physical examination is attached.

11-100.1-9 Personnel, staffing and family requirements (b)

The Licensee and Primary care giver have revisited this area of deficiency. The tracking calendar has been reimplemented and coincides with monthly audit checklists and records logs.

In the future, standard operating procedures have been set to ensure required documents, records and other related documents are stored in proper binders in a timely manner.

11-100.1-17 Records and Reports. (b)(1)

In the future, a thorough review of resident's proper documentation, including TB test dates and results will be conducted prior to new Resident transfers and admissions.

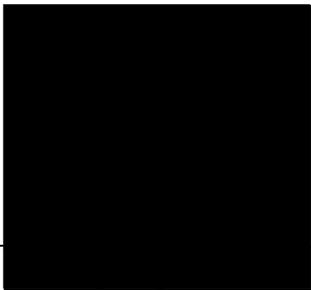
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11-100.1-17 Records and Reports. (c)

An incident report was generated utilizing progress notes regarding resident's 


In the future, all incidents will be documented on the proper Incident Report forms and filed in a timely manner; subsequently in the progress notes.



Licensee's signature

6/25/15

Date