

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rosana Dumlao (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-871 Awane Street, Waipahu, Hawaii 96797	Inspection Date: February 3, 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> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS Substitute care giver [redacted] no documentation of training [redacted]</p>	<p>[redacted]</p> <p>In the future all SCG trainings will be kept on file and I will remove them if there is no expiration date. thank you</p>	02-04-15
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p>FINDINGS Current lunch menu read, "baked ahi, green peas, lettuce and tomato." However, turkey sandwich and tossed salad were served for lunch.</p>	<p>In the future I have to write down my menu substitution in my calendar if I plan to change my menu that day. thank you</p>	<p>02-05-15</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 [REDACTED]</p>	<p>[REDACTED]</p> <p>In the future I'll initial MAR right away everytime I give medications so I won't forget. thank you</p>	<p>02-03-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(3) 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 date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p>	<p>[REDACTED]</p> <p>In the future I have to fill out another form if I already used the old form. thank you</p>	<p>02-03-15</p>

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	<p>FINDINGS Resident #1, no resident emergency information sheet.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS [REDACTED]</p>	<p>In the future for medication treatments I have document my observation to my progress notes everytime I administer treatment. thankyou</p>	<p>2-2-04-15</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>FINDINGS [REDACTED]</p>	<p>[REDACTED]</p> <p>In the future as discussed w/ CM; CM plan to come for home visit earlier in the ff. months. so CM has enough</p>	<p>2-3-15</p> <p>-2-6-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u></p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>(c)(8) 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>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p>FINDINGS [REDACTED]</p>	<p>time for me to receive documents by mail. For this month CM left me that [REDACTED] had already mailed documents. mailed documents reviewed by mail → Thank you</p>	<p>02-07-15 2-10-15</p>

Licensee/Administrator's Signature: Rosana B. Dumlad

Print Name: ROSANA B. DUMLAD

Date: 02-18-15

Office of Health Care Assurance

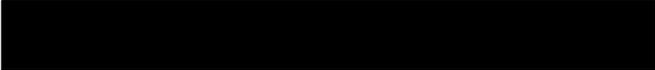
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Licensee/Administrator's Signature: Rosana Dumlad

Print Name: ROSANA DUMLAD

Date: 03-16-15