

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Zen Residences, L.L.C.	CHAPTER 100.1
Address: 432 Hoomalu Street, Pearl City, Hawaii 96782	Inspection Date: March 24, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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>CLARIFY ORDERS.</p>	<p>Called [REDACTED] and clarified orders on Mar 30. In the future: get all the medications that has been ordered and train staff.</p>	<p>March 30, 2015</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>Called [REDACTED] and clarified orders on Mar 30. In the future: make sure that all meds are listed in the MAR and check MAR every month by PCG and SCG.</p>	<p>March 30, 2015</p>

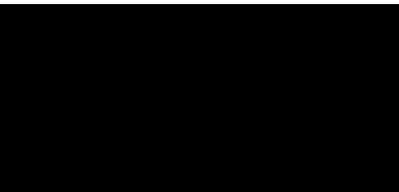
	<p style="text-align: center;">CLARIFY ORDERS.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p>FINDINGS Resident [redacted] emergency data sheet not correct, medications not updated.</p>	<p>Corrected. Medications were added to the list. In the future: Emergency Data sheet will be changed everytime the doctor changes orders SCG to double check.</p>	<p>March 30, 2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p>FINDINGS Resident [redacted] inventory of resident possessions not updated since admission [redacted].</p>	<p>Inventory updated on Mar 30. In the future: resident inventory will be updated right after birthday or Christmas (within the month) by PCG or SCG.</p>	<p>March 30, 2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS Substitute care givers (SCG) [redacted] and [redacted] both short six (6) hours of continuing education hours. SUBMIT ADDITIONAL SIX (6) HOURS OF CONTINUING EDUCATION HOURS FOR EACH SCG. These hours can only be used for the 2015 annual inspection period</p>	<p>Completed. New certificates were issued on April 1. In the future: PCG will double check certificates when given by SCG to ensure they're not duplicates.</p>	<p>April 1, 2015</p>

	and cannot be used toward next year's inspection requirements.		
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p>FINDINGS Resident # [REDACTED] no case manager .</p>	Hired case manager on April 1. In the future: family will be educated in 3-6 months prior to ICF admission; starting with patient's condition.	April 1, 2015

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____



4/20/15