

Office of Health Care Assurance

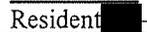
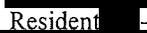
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Kuike	CHAPTER 100.1
Address: 95 Kawanakoa Place, Honolulu, Hawaii 96817	Inspection Date: October 19 & 20, 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</p> 		

<input checked="" type="checkbox"/>	<p>§11-100.1-54 <u>General operational policies.</u> (1) In addition to the requirements in section 11-100.1-7, the Type II ARCH shall have general operational policies on the following topics:</p> <p>Nursing services, delegation and staffing pattern/ratio;</p> <p>FINDINGS</p> <div style="background-color: black; height: 40px; width: 100%;"></div>		
<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</p> <p>No documentation of twelve (12) hours continuing education. Individual SCG folders contained training forms that did not indicate the name of the individual, date and/or the number of hours. Submit documentation of continuing education training for the following SCGs with the plan of correction:</p> <p>SCG [REDACTED] 11 hours SCG [REDACTED] 11.5 hours SCG [REDACTED] 10.5 hours SCG [REDACTED] 10.5 hours SCG [REDACTED] 3.5 hours</p> <p>The continuing education hours will be credited to the 2014-2015 annual inspection.</p>		

<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p>FINDINGS </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 Resident  – Progress notes did not include observations on  Resident  – Progress notes did not include observations on </p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p>		

	<p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u></p> <p>[REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (2) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency;</p> <p><u>FINDINGS</u> No documentation that the Consultant RD provided special diet training for food preparation staff.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and</p>		

	<p>outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p>FINDINGS</p> 		
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Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____