

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pohai Nani Good Samaritan	CHAPTER 90
Address: 45-090 Namoku Street, Kaneohe, Hawaii 96744	Inspection Date: February 23-24, 2015 Bi-annual

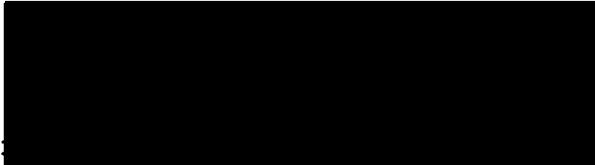
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-3 <u>Licensing</u> (o)(10)(D) Applications for licensure shall be made to the department on a form provided by the department and shall include full and complete information as follows:</p> <p>Evidence that the premises comply with state and county building, housing, fire, and other codes, ordinances, and laws for the type of occupancy to be licensed. Compliance shall include but not be limited to the following:</p> <p>Applicable state laws and administrative rules relating to sanitation, health, and environmental safety.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. Reach-in refrigerators (2) in the resident meeting areas do not have thermometers in them. 2. Pool and Jacuzzi require a permit for each. No permit for the pool. Jacuzzi has two (2) permits with different expiration dates. 	<p>11-90-3 <u>Licensing</u> (o) (10) (D)</p> <p>Thermometers have been placed in refrigerators in resident's meeting areas. Dietary staff will monitor temp in these refrigerators and maintain a weekly log as required by regulation.</p> <p>Separate permits included with POC for Jacuzzi and pool are submitted and maintained by Maintenance Department as required by regulation.</p>	<p>4-14-2015</p> <p>4-14-2015</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-90-6 <u>General policies, practices, and administration.</u> (b) All facility staff shall be in compliance with current department tuberculosis clearance procedures.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. Employees [redacted] and [redacted] tuberculosis (TB) attestation form not signed by a physician. Submit copies of a physician signed TB attestation form for each of the employees listed with your plan of correction (POC). 2. Employee [redacted] 2nd step TB test completed after date of hire. 	<p><u>11-90-6 General policies, practices, and administration. (b)</u></p> <p>[redacted]</p> <p>Staff Development RN Coordinator will submit names monthly to Senior Living AL Office Coordinator to schedule evaluation with physician for all staff identified as positive reactors with chest x-rays on file. Staff Development RN Coordinator will maintain all record of annual attestations as required by regulation.</p> <p>Staff Development RN Coordinator will maintain checklist of requirements when considering start dates for potential hires, to include 1 or 2 step PPD results, if appropriate, prior to notifying Human Resources that individual is cleared for employment.</p>	<p>4-15-2015</p> <p>4-14-2015</p> <p>4-10-2015</p>
☒	<p>§11-90-6 <u>General policies, practices, and administration.</u> (c) All staff shall be trained in cardiopulmonary resuscitation and first aid.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. Employee [redacted] no current training in cardiopulmonary resuscitation and first aid. Submit copies with your POC. 2. Employee [redacted] no current training in first aid. Submit copy with your POC. 	<p><u>11-90-6 General policies, practices, and administration. (c)</u></p> <p>[redacted]</p>	<p>5-27-2015</p> <p>5-27-2015</p>
☒	<p>§11-90-7 <u>Inservice education.</u> (2) There shall be a staff inservice education program for the entire staff that includes:</p> <p>Ongoing inservice training on a regularly scheduled basis (minimum of six hours annually).</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. Employee [redacted] inservice training short 0.25 hours. Submit copy of 0.25 hours of inservice training 	<p><u>11-90-7 In-service Education (2)</u></p> <p>Employee [redacted] had documented training of an additional 8 hours not submitted to surveyor during survey.</p> <p>[redacted] Document included with 3 hours training and additional training during new hire orientation</p>	<p>4-6-2015</p> <p>4-6-2015</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>with your POC.</p> <p>2. Employee [redacted] inservice training short 3.0 hours. Submit copy of 3.0 hours of inservice training with your POC.</p>		
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(ii) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>The facility shall provide and implement policies and procedures which assure that all medications administered by the facility are reviewed at least once every 90 days by a registered nurse or physician, and is in compliance with applicable state laws and administrative rules.</p> <p><u>FINDINGS</u></p> <p>1. [redacted]</p> <p>2. [redacted]</p> <p>3. [redacted]</p>	<p>11-90-8 Range of Services (b) (3) (B) (ii)</p> <p>Mandatory staff meeting for medication aides and licensed staff scheduled for 4-28-2015 to review Good Samaritan Society policies & procedures "Medication Administration" Pertaining to:</p> <ol style="list-style-type: none"> 1) Notification of Staff RN or RN Director if any medication is omitted it must be documented. 2) Medication parameters and documentation 3) Transcription of physician's orders 	<p>4-28-2015</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	Facility policy II.B.8a procedure #11 states, "notify RN if parameters indicate need to notify physician." No parameters stated with physicians original order.	Concerning Comments /Advisements: All staff employed at Good Samaritan Society Pohai Nani are scheduled for annual safety training 5-15-2015 and the following training will be included: Heimlich Maneuver	5-15-2015

Licensee/Administrator's Signature: _____



Print Name: _____

Judith E. Matthews BSN, RN

Date: _____

4.16.2015

Office of Health Care Assurance

State Licensing Section

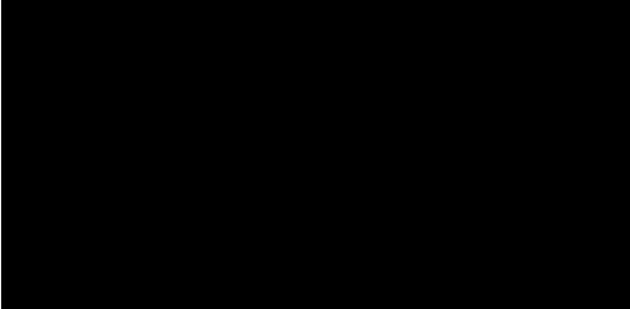
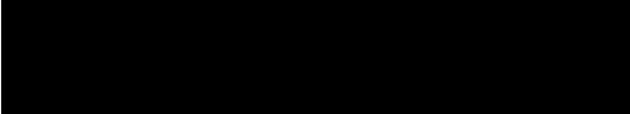
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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration. (b)</u> All facility staff shall be in compliance with current department tuberculosis clearance procedures.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. Employees [REDACTED] tuberculosis (TB) attestation form not signed by a physician. Submit copies of a physician signed TB attestation form for each of the employees listed with your plan of correction (POC). 2. Employee [REDACTED] 2nd step TB test completed after date of hire. 	<p>11-90-6 <u>General policies, practices, and administration. (b)</u></p> <p>[REDACTED]</p> <p>Staff Development RN Coordinator will submit names monthly to Senior Living AL Office Coordinator to schedule evaluation with physician for all staff identified as positive reactors with chest x-rays on file. Staff Development RN Coordinator will maintain all records of annual attestations as required by regulation.</p> <p>Staff Development RN Coordinator will maintain checklist of requirements when considering start dates for potential hires, to include 1 or 2 step PPD results, if appropriate, prior to notifying Human Resources that individual is cleared for employment.</p>	<p>04-15-2015</p> <p>04-14-2015</p> <p>04-10-2015</p>
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration. (c)</u> All staff shall be trained in cardiopulmonary resuscitation and first aid.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. Employee [REDACTED] no current training in cardiopulmonary resuscitation and first aid. Submit copies with your POC. 	<p>11-90-6 <u>General policies, practices, and administration. (c)</u></p> <p>[REDACTED]</p> <p>Drivers are now listed as staff assigned to the Health Services/ AL Dept and record of</p>	<p>04-29-2015</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>2. Employee [redacted] no current training in first aid. Submit copy with your POC.</p>	<p>certification of AL drivers will be maintained.</p> <p>[redacted]</p> <p>The Staff Development RN is a trained/ certified instructor in CPR & First Aid and will only conduct training that includes both courses.</p>	<p>04-29-2015</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-90-7 <u>Inservice Education</u>. (2) There shall be a staff inservice education program for the entire staff that includes: Ongoing inservice training on a regulary scheduled basis (minimum of six hours annually).</p> <p>FINDINGS</p> <p>1. Employee [redacted] inservice training short 0.25 hours. Submit copy of 0.25 hours of inservice training with your POC.</p> <p>2. Employee [redacted] inservice training short 3.0 hours. Submit copy of 3.0 hours of inservice training with your POC.</p>	<p>11-90-7 <u>In-service Education</u> (2)</p> <p>[redacted]</p> <p>[redacted]</p>	<p>04-06-2015</p> <p>04-06-2015</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(ii) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>The facility shall provide and implement policies and procedures which assure that all medications administered by the facility are reviewed at least once every 90 days by a registered nurse or physician, and is in compliance with applicable state laws and administrative rules.</p> <p>FINDINGS</p> <p>1. </p> <p>2. </p> <p>3. </p>	<p>11-90-8 Range of services (b)(3)(B)(ii)</p> <p>Mandatory staff meeting for medication aides and licensed staff scheduled for 4-28-2015 to review Good Samaritan Society policies & procedures "Medication Administration"</p> <p>Pertaining to:</p> <ol style="list-style-type: none"> 1) Notification of Staff RN or RN Director if any medication is omitted it must be documented. 2) Medication parameters and documentation 3) Transcription of physician's orders <p>Concerning Comments/ Advisements: All staff employed at Good Samaritan Society Pohai Nani are scheduled for annual safety training 5-15-2015 and the following training will be included: Heimlich Maneuver</p>	<p>04-28-2015</p> <p>05-15-2015</p>

Licensee/ Administrator's Sign



Print Name:

Judith E. Matthews

Date:

5-14-15