Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aiea Heights Senior Living	CHAPTER 100.1
Address: 99-1657 Aiea Heights Drive, Aiea, Hawaii 96701	Inspection Date: May 19, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
	§11-100.1-7 General operational policies. (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH. FINDINGS Resident however, no signed expanded ARCH general operational policy.		
\boxtimes	§11-100.1-9 Personnel, staffing and family requirements. (a)		

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.	
FINDINGS	
§11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.	
<u>FINDINGS</u>	
§11-100.1-13 Nutrition. (I) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.	
FINDINGS	

	§11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. FINDINGS Bleach and laundry detergent were stored in a cabinet with a child proof lock.	,	
\boxtimes	§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.		
	Resident The following medications unsecured in the refrigerator: • • • •		
	§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.		
	FINDINGS		

	the dosage.	
	§11-100.1-15 <u>Medications.</u> (f)	
	Medications made available to residents shall be recorded on	
	a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom	
	the medication was made available to the resident.	
	FINDINGS	
	Resident	
	However, medication not	
	listed on February 2015 medication record.	
	Resident	
	However, clarification order was not listed on the	
	February 2015 medication record.	
	§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.	
	FINDINGS	
	Resident however, the medication was not recorded on the May 2015	
	medication record.	
	Resident	
L	Resident	

	recorded twice on the February 2015 medication administration record.
	§11-100.1-23 Physical environment. (h)(1)(D) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.
	Housekeeping:
	All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.
	FINDINGS Window blinds dusty in Bedroom #5.
	Bedroom #4B bathroom ceiling has mold buildup.
\boxtimes	§11-100.1-23 Physical environment. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.
	All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;
	Resident Wheelchair dependent residents are limited to the lower level.
	Bathroom #1 wooden window sill is shredded due to termite activity resulting in a jagged surface.
\boxtimes	§11-100.1-23 Physical environment. (o)(1)(D)

Bedrooms:		
General conditions:		
Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;		
FINDINGS Passage through Bedroom #5 required to get to the laundry room.		
§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:		
All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency;		
FINDINGS No documentation of special diet training for food preparation staff.		
§11-100.1-88 Case management qualifications and services. (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:	•	
Resident however, no case management services.		

\boxtimes	§11-100.1-88 Case management qualifications and services. (c)(1)		
	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:		
	Conduct a comprehensive assessment of the expanded ARCH		
	resident prior to placement in an expanded ARCH, which		
	shall include, but not be limited to, physical, mental,		
	psychological, social and spiritual aspects;		
	poyonorogical, south, and spiritum aspects,		
	<u>FINDINGS</u>		
	Resident		
	however, no comprehensive		
	assessment.		
	,		
\square	§11-100.1-88 Case management qualifications and services.		
	(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:		
	, and the second		
	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		
	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;
	Resident however, no care plan.
_	Licensee's/Administrator's Signature:
	Print Name:
	Date: