

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| | |
|--|--------------------------------------|
| Facility's Name: Chanda's | CHAPTER 100.1 |
| Address: 94-350 Apowale Street, Waipahu, Hawaii 96797 | Inspection Date: June 2, 2015 Annual |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|--------------------------|--|---|-----------------|
| <input 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:</p> <p>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 to make medications available to residents.</p> | <p>my substitute Caregivers [redacted] and [redacted] were trained to make medications available to all residents. When I admit a new resident I will train Caregivers [redacted] on how to administer medications.</p> | 6/30/15 |
| <input type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p>FINDINGS No metal stem thermometer to measure hot and cold.</p> | <p>I purchased a digital thermometer to check cold and hot foods. I will put the thermometer where it is easy to locate.</p> | 6/30/15 |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|--------------------------|---|--|-----------------|
| <input type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS Resident [REDACTED] No monthly weights 2/15, 3/15, 4/15, and 5/15.</p> | <p>I will put an alarm on my iPhone to remind me to check Resident [REDACTED] and all other residents weight at the same time every month.</p> | <p>6/30/15</p> |
| <input type="checkbox"/> | <p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p>FINDINGS Resident [REDACTED] No specific charges for services in signed general operating policy.</p> | <p>Resident [REDACTED] operating policy was changed to specific amount, I also checked all other residents records and changed it to correct amount.</p> | <p>6/30/15</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|--------------------------|--|--|-----------------|
| <input type="checkbox"/> | <p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(D) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be given advance written notice, of not less than thirty days, of involuntary transfer or discharges, except in an emergency.</p> <p><u>FINDINGS</u> Resident [redacted] signed general operating policy reflects care home operator to give 14 day notice of intent to discharge.</p> | <p>Residents' [redacted] operating policy was changed to give 1 month notice not 14 days upon discharge except in an emergency. I also checked all other Residents and changed there policy.</p> | <p>6/30/15</p> |

Licensee's/Administrator's Signature: _____

Print Name: Chanda Dicareas

Date: 2/17/16