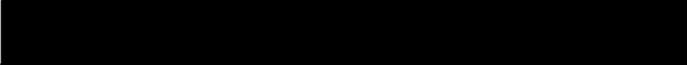


Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

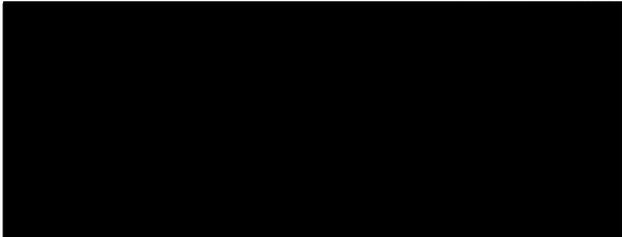
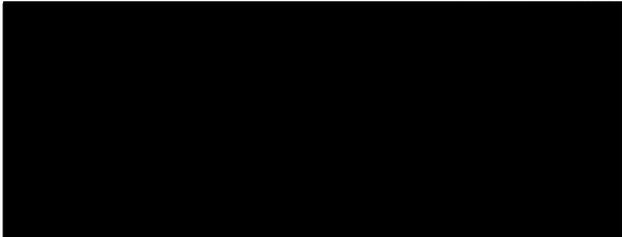
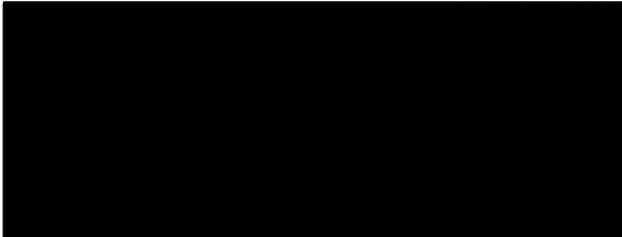
Facility's Name: Hale Kuike Bayside	CHAPTER 100.1
Address: 45-212 Kaneohe Bay Drive, Kaneohe, Hawaii 96744	Inspection Date: July 16 & 17, 2015 Annual

	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   There was no documentation clarifying or discontinuing the order.</p> <p>  There was no documentation clarifying or discontinuing the order.</p> 		

	[REDACTED]		
<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>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Resident [REDACTED] – No annual tuberculin (TB) testing. Annual TB screening completed; however, no documentation of positive TB skin test.</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,</p>		

	<p>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</p> <p>[REDACTED]</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>FINDINGS Resident [REDACTED] No documentation that efforts were made to have resident participate in breakfast meal.</p> <p>[REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS</p> <p>[REDACTED]</p>		

	[REDACTED]		
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p>FINDINGS</p> <p>[REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-54 <u>General operational policies.</u> (2) 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>Medication administration;</p> <p>FINDINGS</p> <p>[REDACTED] Facility policy for <u>Proper Labeling</u> noted “the RN will designate the date of the medication change;” however, facility policy was not followed when the date of the medication change was not noted on the label placed on the “Trazadone” bubble-package.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;</p>		

	<p><u>FINDINGS</u> No documentation that the Consultant RD was utilized to provide nutrition assessments for residents at nutritional risk.</p> <ul style="list-style-type: none"> •  •  •  		
<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 of staff training for food preparation by the Consultant RD.</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><u>FINDINGS</u> SCG  Each SCG had documentation of 11.5 hours of continuing education. Submit documentation of .5 hours for each with the plan of correction (POC).</p>		

	<p>SCG [REDACTED] Each SCG had documentation of 10.5 hours of continuing education. Submit documentation of 1.5 hours for each with the POC.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Nutrition care plan was not updated to reflect the following:</p> <ul style="list-style-type: none"> • [REDACTED] • [REDACTED] 		
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u></p>		

	<p>SCG #6 – No documentation of training for suctioning.</p> <p>[REDACTED]</p> <p>no documentation of training for staff on aspiration precautions.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-90 <u>Expanded ARCH resident's rights.</u> (5) In addition to the resident's rights in section 11-100.1-21, the expanded ARCH resident shall have the right to:</p> <p>Be afforded privacy curtains or screens when required to share a room with another resident.</p> <p><u>FINDINGS</u> One privacy screen for four (4) expanded residents.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (h) 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.</p> <p><u>FINDINGS</u> 2nd floor laundry room door was wide open with bottles of chlorine bleach and laundry detergents inside.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><u>FINDINGS</u> Two garbage receptacles in food station on the second floor had no lid.</p>		

<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedroom #6 – One pillow had no plastic cover.</p>		
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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____