

Office of Health Care Assurance

State Licensing Section

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 STATE LICENSING SECTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|   |  |
|---|--|
| Facility's Name: <b>Ohanalani L.L.C.</b>                  | <b>CHAPTER 100.1</b>                           |
| Address:<br><b>5339 Oio Drive, Honolulu, Hawaii 96821</b> | <b>Inspection Date: October 5, 2015 Annual</b> |

|                                     | <b>Rules (Criteria)</b>   | <b>Plan of Correction</b>   | <b>Completion Date</b> |
|-------------------------------------|---|---|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a)<br/>                     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.</p> <p><b>FINDINGS</b><br/>                     Substitute care givers [REDACTED] No documentation of current physical examination.</p> | <p>[REDACTED]</p> <p>In the future I will check all the medical clearances for completeness before filing in the carehome folder.</p> | 10/06/15               |
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(1)<br/>                     General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p>   | [REDACTED]  | 10/05/15               |

|                                     | Rules (Criteria)   | Plan of Correction   | Completion Date |
|-------------------------------------|--|--|-----------------|
|                                     | <p><b>FINDINGS</b><br/>Resident [redacted] Blue ink used in February 2015 medication administration record.</p>  | In the future I will check all residents records periodically to make sure its all written in black ink.   | 10/05/15        |
| <input checked="" type="checkbox"/> | <p>§11-100.1-20 <u>Resident health care standards.</u> (c)<br/>The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><b>FINDINGS</b><br/>Resident [redacted] No documentation that weight gain reported to resident's physician.</p> | <p>[redacted]</p> <p>In the future, I will notify resident's MD/APRN for any significant weight gain/loss within 24<sup>o</sup> of findings.</p> | 10/06/15        |

Licensee's/Administrator's Signature:

Print Name:

Date:

2/16/16