

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Acnam's	CHAPTER 100.1
Address: 2467 North School Street, Honolulu, Hawaii 96819	Inspection Date: April 22, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" 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><u>FINDINGS</u> Substitute care givers #1, #2, #3, #4 No documentation of training to make medications available to residents.</p>	<p>- In the future, I will see to it that all my substitute caregivers #1, #2, #3, #4 have updated training to make medications available to residents by always documenting of the training given as a proof that they were trained to make medications available to residents.</p> <p>Updated &amp; Submitted documentation for training to make medications available to residents for SCG #1, #2, #3, #4.</p> <div style="background-color: black; width: 150px; height: 20px; margin: 5px 0;"></div>	<p>05/15/15</p> <p>4/26/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b>FINDINGS</b> Resident #1 Emergency information sheet does not reflect</p>	<p>-From now on I will make sure that in every doctor's appointment of each resident, the emergency information should be updated so as not to forget or miss something when ever an event of emergency will arise. correct documentation will be ready</p>	<p>3/30/16</p>
	<p>medication orders.</p>	<p>Revised &amp; submitted Emergency Information sheet that reflects the current medication orders for Resident #1 as of the</p>	<p>3/30/16</p>
		<p>annual inspection.</p>	<p>4/22/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (l)(1) An enclosed dining area within the Type I ARCH shall be provided for residents which shall be apart from sleeping quarters but may be in continuity to the living room area. The following shall prevail:</p> <p>At least one table with twenty nine inches clearance between floor and lower edge shall be provided to allow for those residents using wheelchairs;</p> <p><b>FINDINGS</b> Resident dining room table 28 3/4" clearance.</p>	<p>-Dining room table was raised to 29" with rubber riser with 29" clearance between floor &amp; lower edge provided to allow residents using wheelchairs.</p>	<p>3/30/16</p>
		<p>In the future, I will measure the dining room table will now a 29" in clearance to accommodate residents that use wheelchair. This will be done on a monthly basis as a preventive maintenance.</p>	<p>4/22/16</p>

Licensee/Administrator's Signature: Castora Acnam

Print Name: CASTORA ACNAM

Date: 05/15/15

Licensee's/Administrator's Signature: Castora Acnam

Print Name: CASTORA ACNAM

Date: 3/30/2014

Licensee's/Administrator's Signature: Castora Acnam

Print Name: CASTORA ACNAM

Date: 4/22/16

Acnam's ARCH

10p

Acnam's ARC

33p