

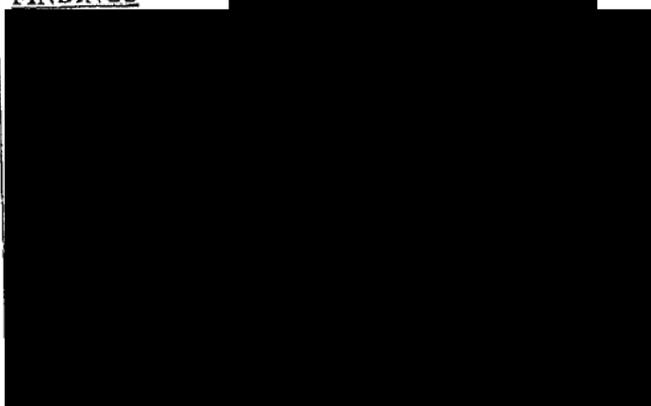
Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Acnam's (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 2467 North School Street, Honolulu, Hawaii 96819	Inspection Date: April 8, 2016 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><b>FINDINGS</b> [redacted] no documentation of training by primary care giver to make medications available and document such action.</p>	<p><u>Current:</u> Trained and submitted document of training [redacted] with POC</p> <p><u>Future</u> Whenever I take on a new SCA, I will document training how to give medication/documents before they start work.</p>	4/8/16
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(3) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Response to disasters which would include evacuation,</p>	<p><u>Current:</u> Updated plan with specific location if Care Home/Home is no habitable. [redacted]</p>	4/9/2016

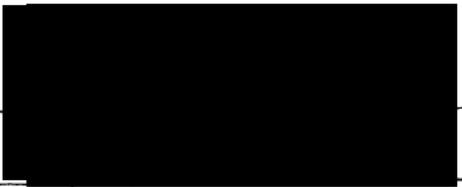
	Rules (Criteria)	Plan of Correction	Completion Date
	<p>emergency shelters, and food supply, and as directed by the Civil Defense.</p> <p><b>FINDINGS</b> Disaster plan does not indicate specific place residents will live if care home is not habitable.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (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.</p> <p><b>FINDINGS</b> Raid insect spray stored unsecured in Bathroom #2.</p>	<p><u>Current</u>: Secured cabinet with padlock.</p> <p><u>Future</u> Whenever I'm not using cabinet I will secure/lock it.</p>	<p>4/8/2014</p>
<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><b>FINDINGS</b> </p>	<p><u>Current</u> Changed MAR to match medication order(s).</p> <p><u>Future</u> In the future I will double check medication order(s)/documents if they match correctly.</p>	<p>4/8/2014</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (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><b>FINDINGS</b> Pillow in Bedroom #5, name on pillow indicates pillow being re-used for another resident, no plastic pillow protector.</p>	<p><u>Current</u> Disposed of former resident's pillow and provide with a new pillow.</p> <p><u>Future:</u> In the future I will dispose of old pillows.</p>	<p>4/8/2016</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><b>FINDINGS</b> Substitute Care Givers [redacted] documentation of only 11 hours of continuing education. Submit documentation of one additional hour of continuing education for Substitute Care Givers [redacted] with your plan of correction.</p>	<p><u>Current:</u> Obtained a certificate of completion for in-service from Case Management [redacted] (See Enclosed attachment)</p> <p><u>Future:</u> In the future I will double check one month before inspection.</p>	<p>4/21/2016</p>





Licensee's/Administrator's Signature: \_\_\_\_\_



Print Name: \_\_\_\_\_

Date: 4/21/16