

Office of Health Care Assurance

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
DHHS - OHCA LICENSING

Facility's Name: Aina Haina ARCH	CHAPTER 100.1
Address: 237 East Hind Drive, Honolulu, Hawaii 96821	Inspection Date: January 15, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS Resident #1: Unsecured [redacted] in resident's top dresser drawer. Primary care giver (PCG) states resident's daughter buys [redacted] medications and leaves them in [redacted] dresser drawer.</p>	<p>I put the [redacted] medication right away in my medication locker and locked it, and that [redacted] will not be used until I spoke with [redacted] responsible daughter and to ensure that medication will be prescribed by MD. So, on the following MD visits I took the [redacted] medication to MD's office, in which the MD approved it and instruction has been labeled with MD's signature. In the future, I will explain to all my clients' family regarding [redacted] medications that shall be prescribed by MD or Nurse Practitioner, and if they decided to buy or bring any [redacted] medications shall be given to me for approval by MD or Nurse Practitioner.</p>	03/03/2016
<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, any changes in condition, indications of illness or injury,</p>	<p>I made the corrections on my progress notes regarding diet order [redacted] and on the next MD visits I took my progress notes to have the MD sign the dates where diet orders has been changed [redacted]. In the future, I will make sure that I</p>	03/03/2016

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>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> <div style="background-color: black; width: 100%; height: 40px;"></div>	<p>Will pay attention to any mds order at all times. In addition, on every mds visit I will ensure that all my clients' diet order together with medications will be updated all the times. I will also post all my clients' diet orders on my daily menus as my reminder.</p>	<p>03/03/2016</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(2) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Resident's sleeping room doors shall be self closing;</p> <p>FINDINGS Resident #1: Bedroom has two (2) doors. Neither of the doors close completely.</p>	<p>I repaired the doors to make it self-locking for the safety of the clients 24 hours a day. In the future, I will ensure that all my clients bedroom self locking doors will completely close on a daily basis. Furthermore, I will make my own checklist to inspect all the doors weekly for condition and operation for the safety of my clients just in case of fire or in emergency situation.</p>	<p>03/03/2016</p>

Licensee/Administrator's Signature: lan chen

Print Name: LAN CHEN

Date: 04/22/2015

Licensee/Administrator's Signature: lan chen

Print Name: LAN CHEN

Date: 03/03/2016