

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha Care (DDDH)	CHAPTER 89
Address: 94-983 Lumihoahu Street, Waipahu, Hawaii 96797	Inspection Date: May 26, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p>FINDINGS Of the 10 hours of training completed by Caregiver #1 during this annual recertification/relicensing period, only 7 hours were acceptable. (NOTE: Submit verification of the additional one hour of training.)</p>	<p><i>For Caregiver #1, when attending workshop or in-service it should be pertaining to the care or other services to the residents. Attached my additional 2 hours of training.</i></p>	<p><i>6/6/16</i></p>
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p>FINDINGS For Resident #1, the medication record notes that was given on</p> <p>There were no caregiver entries written regarding resident's response to the medication.</p>	<p>After giving medications, or PRN</p> <p>I have to write the date, right time and document my observation and the resident response to the medication. My substitute caregivers will also double check if my documentation was done correctly to avoid might happen next time.</p>	6/6/16
<input checked="" type="checkbox"/>	<p>§11-89-18 Records and reports. (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p>FINDINGS For Resident #1, Dentist ordered There was no documentation to verify that treatment was done.</p>	<p>For Resident #1, Any dentist or even doctor treatments order, must be read carefully and be documented right away. To verify that the treatment was done properly. I will also ask help my substitute caregiver to read the order and direction properly.</p>	6/6/16

Licensee's/Administrator's Signature: Raquel Julian

Print Name: RAQUEL JULIAN

Date: June 6, 2016