

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aurora's	CHAPTER 100.1
Address: 91-1112 Kiwi Street, Honolulu, Hawaii 96706	Inspection Date: May 4, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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>FINDINGS Substitute care givers #1, #2, #3 No documentation of training by primary care giver to make medications available to residents.</p>	<p>As a primary caregiver I should train my sub #1 #2 and #3 by sitting down with them and explain in giving medication make sure ^{to give} the right person, right client, right dosage, frequency and the route, to make medication available to resident. (Training form submitted)</p>	<p>5-5-15 11 submission 4-11-14</p>
		<p>In the future, before I hire new substitute care giver I will train in 5 medication rights and documentation, before they can work.</p>	<p>5-14-14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be</p>		
	<p>obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 No level of care assessment on admission.</p>	<p><i>In the event of admission and re-admission of residents use the DOH checklist to obtain the level of care document signed by or don't admit the client.</i></p>	<p><i>5-5-15</i></p>
☒	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1 No diet order on admission.</p>	<p><i>Always use the DOH checklist in admitting or readmitting the residents to obtain the diet order signed by the physician or don't admit the client.</i></p>	<p><i>5-5-15</i></p>
☒	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 No physical examination report on admission.</p>	<p><i>In admission or readmission or transfer of residence, Physical examination should be done by the Physician. Again use the checklist of DOH to obtain the Physical Examination or don't admit the residence.</i></p>	<p><i>5-5-15</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident #1 No self-preservation certification on admission.</p>	<p><i>Again, In admitting or readmitting of clients Always use the DOH checklist to obtain the self-preservation certification on admission signed by the Physician, or don't admit the client without the document.</i></p>	<p>5-5-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(3)(B) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Doors:</p> <p>When multiple locking devices are used on exits, a maximum of two locking mechanisms for egress shall be allowed;</p> <p>FINDINGS Fire exit #1 (Garage) Three (3) locks used on exit. Fire exit #2 (Porch) Three (3) locks used on exit.</p>	<p><i>The Fire exit of #1 & #2 The door lock was remain during the time of inspection. In the future there will be no more the two locks of the exit door.</i></p>	<p>5-4-15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p>FINDINGS Resident #1 Case manager did not review plan of care [redacted]</p>	<p>I called the case manager to review the monthly plan of care [redacted]. They finally connected the date they [redacted]</p>	<p>5/18/16</p>
		<p>Remind them to review their care plan monthly. Signed care plan was submitted</p>	<p>4/10/16</p>
		<p>whenever my case manager comes for monthly visit to my resident I will make it sure that [redacted] signs, review of care plan before leave.</p>	<p>5-16-16</p>

Licensee's/Administrator's Signature: Aurora Alejandro
Print Name: AURORA ALEJANDRO
Date: 2/27/2014

Licensee's/Administrator's Signature: Aurora Alejandro
Print Name: AURORA ALEJANDRO
Date: 4-11-2014

Licensee's/Administrator's Signature: Aurora C. Alejandro
Print Name: Aurora C. ALEJANDRO
Date: 5-14-14