

Office of Health Care Assurance

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Balico's	CHAPTER 100.1
Address: 91-1204 Kauiki Street, Ewa Beach, Hawaii 96706	Inspection Date: September 29, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b>FINDINGS</b> Resident #1 Incident report on [redacted] describing [redacted] No progress note.  Resident #1 Incident report on [redacted] describing [redacted] No progress note.  Resident #1 Incident report on [redacted] describing [redacted] episode. No progress note.</p>	<p>11-100.1-17. Records and reports (c) Progress notes will be written to accompany every incident report effective immediately. Progress notes will include type of incident, any adverse result and actions taken to address such incident or event.</p>	1/23/16

Rules (Criteria)	Plan of Correction	Completion Date
Resident #1 Incident report [redacted] describing [redacted] No progress note.		
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.  <u>FINDINGS</u> Resident #1 blue ink used to write progress note [redacted]	11-100.1-17 Records and reports (g) Any entry in the clients chart will be done only with black ink pen. Discard any blue ink pen in the house and will only buy black pens.	1/23/16
<input checked="" type="checkbox"/> §11-100.1-20 <u>Resident health care standards. (c)</u> The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.  <u>FINDINGS</u> Resident #1 [redacted] weight loss between [redacted]. No documentation indicating weight loss reported to physician.	11-100.1-20 Resident health care standards (c). we will document any unplanned weight loss and report to MD (doctor) immediately. Will continue to monitor weights monthly, and refer to nutritionist or doctor as needed.	1/23/16
	I will call MD if resident lose [redacted] pounds or gain [redacted] pounds and I will write it to my progress notes and in my weights form.	3/16/16

	Rules (Criteria)	Plan of Correction	Completion Date
	Resident #1 [REDACTED] No documentation indicating weight loss reported to physician.		
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) 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>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><b>FINDINGS</b> Resident #1 six month reassessment due [REDACTED] not done.</p>	<p>11-100.1-88 Case management qualifications and services (c)(10). I make it sure that 6 month comprehensive assessment will be in residents chart in a timely manner. Will follow up with the agency office to provide copies when not received within 2 weeks when it is due. [REDACTED]</p>	1/23/16

I will keep a calendar and check my calendar everyday check before 2 weeks the date due per the agency assessment.

3/16/16

Licensee's/Administrator's Signature: Leticia Balico

Print Name: LETICIA BALICO

Date: 1/23/16

Licensee's/Administrator's Signature: Leticia

Print Name: LETICIA BALICO

Date: 3/16/16