

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Calucag ARCH, Inc. II	CHAPTER 100.1
Address: 1193 Ala Napunani Street, Honolulu, Hawaii 96818	Inspection Date: August 19, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p>FINDINGS Resident #1 No signed agreement by legal representative.</p>	<p><i>To prevent similar deficiency in the future, I make sure that the admission documents is reviewed, signed and dated right away on the day of admission.</i></p> <p><i>- legal Representative was able to come [REDACTED] to sign the agreement.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS Substitute Care Giver #1 No current annual physical examination.</p>	<p>To prevent similar deficiency in the future I will make sure to check substitute caregivers documents before starting contact with residents. I purchased a calendar for staffs and marked down dates as to when physical examination and other requirements are due for renewal. ^{I also made a check list.} If it is not renewed by renewal date the substitute caregiver will not be allowed contact with residents.</p>	
		<p>To prevent similar deficiency in the future I instruct my Substitute Caregiver</p>	
		<p>to check the documents and make sure it is signed and dated before leaving the doctors office.</p> <div style="background-color: black; width: 100%; height: 20px; margin-top: 5px;"></div>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS Resident #1 [REDACTED] stored at room temperature. Box label instructs to store 59 to 77 degrees Fahrenheit.</p> <p>Resident #1 [REDACTED] stored at room temperature. Box label instructs to store 59 to 77 degrees Fahrenheit.</p>	<p>- Spoke with Hospice Nurse to notify [REDACTED] about the medications. Medications were replaced with new ones.</p> <p>To prevent similar deficiency in the future I make sure that I read the label/insert of the medication for proper handling and storage instructions and if I'm not sure I will check with the pharmacist. I will also make sure that I keep a thermometer in the room where medications are stored.</p>	
		<p>To prevent similar deficiency in the future I purchased a thermometer and placed it in medication cabinet for proper storage temperature of all medications stored in medication cabinet. Temperature is checked on a regular day to day basis.</p>	
		<p>to ensure all medications are stored in proper temperature.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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, behavior patterns including the date, time, and any and all</p>	<p>- A late entry was made in progress notes. on August 20, 2015</p>	
	<p>action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS Resident #1 No progress note reflecting response to PRN</p> <p>Resident #1 No progress note reflecting response to PRN</p>	<p>- To prevent similar deficiency in the future make sure if we give a PRN medication we chart it on progress note right away and to note it if it was affective or in affective.</p>	
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p>FINDINGS Resident #1 No progress note reflecting visits on personnel</p>	<p>- Late entry on progress notes has been noted on August 20, 2015.</p> <p>To prevent similar deficiency in the future I document in the progress notes all professional visits and consultations made to the patient on the day of the visit.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p>FINDINGS Resident #1 assessed manager currently assigned.</p> <p style="text-align: right;">No case</p>	<p><i>- Discussed with clients family about casemanagement and Joyce Mukai LLC. was chosen by the family to case manage client</i></p> <p><i>To prevent similar deficiency in the future before admitting a client, I'll review the level of care. If its expanded I will discuss with the family for a need of case manager so on admission a case manager is already on board. Refrain from admitting if no case manager.</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p>FINDINGS Resident #1 assessed manager currently assigned.</p> <p style="text-align: right;">No case</p>	<p><i>- A complete assesment was done by Joyce Mukai LLC.</i></p> <p><i>To prevent similar deficiency in the future I check the level of care and if expanded a case manager is needed. I will ask family who is the case manager they decide to work with and share information with her. I will not admit a client without a case manager if he/she is expanded level of care.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) 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 a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p>FINDINGS Resident #1 assessed comprehensive assessment by case manager. No</p>	<p>- A complete assessment was done by Joyce Mukai LLC.</p> <p>To prevent similar deficiency in the future, I make sure a case manager is on board upon admission if client is expanded level of care to ensure that a complete comprehensive assessment is done to meet with the clients needs.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) 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>- Case manager provided a care plan</p>	

Rules (Criteria)	Plan of Correction	Completion Date
<p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p>FINDINGS Resident #1 assessed plan by case manager.</p>	<p>To prevent similar deficiency in the future I will not admit a client who is expanded level of care without a case manager. If client is expanded level of care I make sure a case manager is on board upon admission ^{error} to ensure that a plan of care to meet clients needs is prepared and completed.</p>	

Licensee's/Administrator's Signature: MayAnn Calingangan

Print Name: MayAnn Calingangan

Date: 02/20/2016

Licensee's/Administrator's Signature: Mayann Calingangan

Print Name: Mayann Calingangan

Date: 4/8/16

Licensee's/Administrator's Signature: Mayann Calingangan

Print Name: MAY-ANN CALINGANGAN

Date: 5/22/2016