

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hope-Faith	CHAPTER 100.1
Address: 94-272 Pupukoae Street, Waipahu, Hawaii 96797	Inspection Date: January 6, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(3) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Response to disasters which would include evacuation, emergency shelters, and food supply, and as directed by the Civil Defense.</p> <p>FINDINGS Only ten (10) .5-liter bottles available for disasters.</p>	<p>Stored water bottle supplies now available. In the future, water supplies will be checked regularly every 1st week of the month that at least 1 gallon of water per person for seven days be available.</p>	1/7/15
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p>FINDINGS For Resident #1, no food substitute documentation.</p>	<p>Corrected. Food substitution been documented. In the future, I will use my calendar for documentation.</p>	1/7/15

	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 action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS For Resident #1, monthly progress notes do not consistently reflect resident's response.</p> <p style="text-align: center;">Deficiency cited on 03/01/13 and 02/04/14 during two (2) previous inspections.</p>	<p>Sorry for this deficiency again. I understand the seriousness of these problems but I had been communicating to my CM. In the future:</p> <ol style="list-style-type: none"> 1. Care Plan be discussed to the CM monthly 2. Review the goals and how to be reflected also in the Care Plan. 	<p>1/7/15</p>

☒	<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</p>	<p>Enclosed here-with is another copy of the 1/7/15 incident report missing. Incident report has been generated but not found in the caregivers binder during the inspection. In the future, incident report be returned back to the binder just after paying copies to the case manager if others and that binders be returned back from the fax room to the private office.</p>	<p>1/7/15</p>
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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(E) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be an adequate system of communication to summon help in case of fire or other emergency. This shall include telephone service. Inside stairways shall be provided for communication between floors within the Type I ARCH. All rooms utilized by the Type I ARCH, under the same roof, shall be connected by interior doors. The communication system shall assure prompt contact with care givers;</p> <p>FINDINGS Bedroom #2 and Bathroom – electronic call system does not work consistently.</p>	<p>Electrician came, repair done and now is working. Emergency call system such as the handy call bells are available in every areas to call help in the absence of electric call system</p>	<p>1/7/15 8/17/16</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(B) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Housekeeping:</p> <p>After discharge of any resident, the bed, bed furnishings, bedside furniture and equipment shall be thoroughly cleansed prior to subsequent resident admission;</p>	<p>The resident's Public Guardian decided to donate & give away the belongings. In the future; upon discharge the PCG will review & check the belongings with the receiving agent or caregiver that all belongings of the resident be received & taken away from the facility.</p>	<p>1/7/15 8/17/16</p>	
	<p>FINDINGS Bedroom #2 – One (1) vacant bed; however, dresser drawer and closet used to store personal items.</p>			
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. Bedroom #1- one (1) broken drawer handle, window jalousies loose, and four (4) one-inch screws protruding from wall, 2. Bedroom #2- window jalousies loose, 3. Bedroom #3- one (1) broken drawer handle. 	<p>Upon knowing the deficiency, covered the protruding parts of the screws with a thick styrofoam from the wall then we finally called the carpenter and cut all the protruding parts of the screws from the wall</p>	<p>1/7/15 1/28/15</p>	

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Licensee/Administrator's Signature: Melanie G. Lucas

Print Name: Melanie G. Lucas

Date: 5/12/15

Licensee/Administrator's Signature: Melanie G. Lucas

Print Name: Melanie G. Lucas

Date: 8/17/16