

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Josie's Ohana	CHAPTER 100.1
Address: 1388 Haloa Drive, Honolulu, Hawaii 96818	Inspection Date: April 1, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS [REDACTED]</p>	<p>[REDACTED]</p> <p><i>In the future I will call M.D. for more repeated OTC meds to confirm if it has to be OTC or not. Also regularly I have to check my checklist as per orders.</i></p>	<p>4/29/16 <i>[Signature]</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS [REDACTED] PRN medications, [REDACTED] ordered but not discontinued and not listed on medication administration record (MAR). Clarify orders with physician.</p>	<p>[REDACTED]</p> <p><i>In the future I will call M.D. for repeated OTC meds to confirm if order is on going. Also I will ask my substitute caregiver to re-check my chart for accuracy of my recording & checklist</i></p>	<p>4/29/16 <i>[Signature]</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p>FINDINGS [redacted] emergency data sheet incorrect, PRN medication not listed on sheet.</p>	<p>[redacted]</p> <p><i>In the future I will re-check every 3 months my emergency data sheets all my PRN meds should be recorded & have my substitute caregivers to re-check my record for accuracy (2 heads better than one)</i></p>	<p>4/29/16 <i>[Signature]</i></p>
☒	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. [redacted] no admission date listed in the general register. 2. [redacted] not listed in the general register [redacted]. 	<p>[redacted]</p> <p><i>In the future I have to check my checklist every 3 months as a reminder to avoid further mistakes.</i></p> <p>[redacted]</p> <p><i>In the future I have to analyze carefully w/ my admission & discharge date for accuracy & have my substitute caregivers to go over for clarification.</i></p>	<p>4/29/16 <i>[Signature]</i></p>
☒	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. [redacted] Unable to confirm when 	<p>[redacted]</p> <p><i>In the future after our in-service I have to check our certificate for date & hours for accuracy submit copy</i></p>	<p>4/29/16 <i>[Signature]</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>training was completed. Employee is six (6) short of the required 12 hours. Provide copy of 6 hours completed with your plan of correction (POC).</p> <p>2. Employee ■ completed twelve (12) hours of CEU. The certificate of completion for one (1) of the completed CEUs had no subject listed. Unable to determine what training was completed. Employee is one (1) hour short of the required 12 hours. Provide copy of one (1) hour completed with your POC.</p>	<p>[REDACTED]</p> <p><i>In the future I will re-check my employee in-service regularly & have my substitute assigned to go over her in-service record to avoid future mistakes. Submit copy</i></p>	<p>4/29/16</p> <p><i>[Signature]</i></p>

Licensee's/Administrator's Signature:

Print Name:

Date:



4/29/16