

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oceanside Hawaii Assisted Living	CHAPTER 100.1
Address: 53-594 Kamehameha Highway, Hauula, Hawaii 96717	Inspection Date: January 5 to 7, 2015 Annual

	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><u>FINDINGS</u> For the following personnel, the physical examination was not done or done <i>after</i> hire:</p>	See attached	6/21/16

	Rules (Criteria)	Plan of Correction	Completion Date
		"See Attached"	4/15/15
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS For the following personnel, two step Mantoux TB skin test completed <i>after</i> date of hire or no "read" date:</p>	"See Attached"	4/15/15
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS No current first aid certification for the following personnel:</p>	"See Attached"	6/21/16

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	Rules (Criteria)	Plan of Correction	Completion Date
		"See Attached"	4/15/15
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS For Resident Care Care Partner no current cardiopulmonary resuscitation certification. Submit copy with the POC.</p>	" See Attached "	6/21/16
<input checked="" type="checkbox"/>	<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>FINDINGS For Resident #2, no diet order upon admission on 7/31/14.</p>	" See Attached "	6/21/16

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (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><u>FINDINGS</u> For Resident #1, _____ labeled with only the manufacturer's label, resident name and opened date.</p>	"See Attached"	6/21/16
☒	<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><u>FINDINGS</u> For Resident #1, the following medications were not available as ordered:</p>	"See Attached"	4/15/15
☒	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flow sheet. The flow sheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p>	"See Attached"	4/15/15 6/21/16

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	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS For Resident #1, no December 2014 medication administration record on file.</p>	"See Attached"	4/15/15
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p>FINDINGS For Resident #1, the January 2015 medication administration record indicates that made available to the resident; however, no <i>signed</i> physician order to provide this. As a reminder, "order printouts" must be manually or electronically signed by the physician or prescribing APRN.</p>	"See Attached"	6/21/16
<input checked="" type="checkbox"/>	<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 1. For Resident #1, diet ordered</p>	"See Attached"	4/15/15

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	<p>However, according to the October 2014, November 2014 and December 2014 progress notes, the ordered diet was not provided to the resident.</p> <p>2. For Resident #2, a diet was ordered. However, the resident record notes that a diet is being provided.</p>	<p>" See Attached "</p>	<p>4/15/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS For Resident #2, no monthly weights taken in August 2014, September 2014, October 2014 and November 2014.</p>	<p>" See Attached "</p>	<p>4/15/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) 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.</p> <p>FINDINGS For Resident #1, no documentation that the primary care giver recognized, recorded and reported to the physician a weight gain from October 2014 to November 2014.</p>	<p>" See Attached "</p>	<p>4/15/15</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(D) 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>All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.</p> <p>FINDINGS Brown stains (fecal matter) on the toilet flush lever for resident bedroom #119 toilet.</p>	" See Attached "	4/15/15
☒	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p>FINDINGS Several resident pillows did not have plastic coverings.</p>	" See Attached "	4/15/15
☒	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In</p>	" See Attached "	4/15/15

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	<p>Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p>FINDINGS No electronic signaling devices for resident beds #109a and #109b.</p>	<p>" See Attached "</p>	<p>4/15/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (2) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency;</p> <p>FINDINGS No documentation by the Consultant Registered Dietician of training conducted for food preparation staff.</p>	<p>" See Attached "</p>	<p>4/15/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-81 <u>Minimum structural requirements.</u> (b) All signaling devices shall be approved by the department and installed at bedside, in bathrooms, toilet rooms, and other areas where expanded ARCH residents may be left alone. All such signaling devices shall be approved by the department. In expanded ARCHs where the primary care giver and expanded ARCH residents do not reside on the same floor or when other signaling mechanisms are deemed inadequate, electronic signaling systems shall be installed.</p> <p>FINDINGS During the 1/6/15 environmental walkthrough, a resident's bedside and resident restroom signal devices were activated (for testing purposes). No response by staff until</p>	<p>" See Attached "</p>	<p>4/16/15</p>

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	approximately five (5) minutes after activation. Per the Executive Director, the staff should be able to receive the emergency signal within thirty (30) seconds of activation of alarm.	" See Attached "	
☒	<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><u>FINDINGS</u> For the following personnel, no orientation:</p>	" See Attached "	4/15/15
☒	<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><u>FINDINGS</u> Documentation on file shows that the following personnel did not complete the twelve (12) required hours of training sessions this past year. Submit copy of remaining training time with POC.</p>	" See Attached "	4/15/15 6/21/16

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		" See Attached "	4/15/15
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p>FINDINGS No monthly fire drills conducted from January 2014 to September 2014. Also, the fire drills on file do not indicate that evacuations were rehearsed.</p>	" See Attached "	4/15/15
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and</p>	" See Attached "	4/15/15

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	Rules (Criteria)	Plan of Correction	Completion Date
	<p>ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p>FINDINGS Resident #1 admitted _____ at _____ level of care, however, no case management services provided for the resident. Therefore, no training done by an RN case manager. Also, no oversight by an RN case manager to ensure that relevant services and interventions were provided for the resident.</p>	<p>"See Attached"</p>	<p>4/15/15 6/21/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c) 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>FINDINGS Resident #1 admitted _____ at _____ level of care; however, no case management services by an RN case manager provided for the resident.</p>	<p>"See Attached"</p>	<p>4/15/15 6/21/16</p>
<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,</p>	<p>"See Attached"</p>	<p>6/21/16</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
	psychological, social and spiritual aspects; <u>FINDINGS</u> Resident #1 admitted at level of care; however, no case management services provided for the resident. Therefore, no comprehensive assessment by an RN case manager done for the resident prior to placement.	<i>"See Attached"</i>	
<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>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>	<i>" See Attached "</i>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">4/15/15</div> <div style="padding-top: 5px;">6/21/16</div>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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><u>FINDINGS</u> Resident #1 admitted at level of care; however, no case management services provided for the resident. Therefore, no care plan developed by an RN case manager for the resident.</p>	<p>See attached</p>	<p>6/21/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 admitted on at level of care; however, no case management services provided for the resident. Therefore, no care plan developed by an RN case manager for the resident.</p>	<p>See attached</p>	<p>6/21/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(5) Case management services for each expanded ARCH resident</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	resident. Therefore, no care plan developed by an RN case manager for the resident.	"See Attached"	4/15/15
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(5) 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>Promote continuity of care and appropriate integration and utilization of services necessary to implement the care plan;</p> <p>FINDINGS Resident #1 admitted at level of care; however, no case management services provided for the resident. Therefore, no services provided by an RN case manager for the resident.</p>	"See Attached"	4/15/15
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p>	"See Attached"	4/15/15 <hr/> 6/21/16

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	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS Resident #1 admitted at level of care; however, no case management services provided for the resident. Therefore, no training done by an RN case manager. Also, no oversight by an RN case manager to ensure that relevant services and interventions were provided for the resident.</p>	<p>"See Attached"</p>	<p>4/15/15 6/21/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(7) 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>Arrange and participate in the expanded ARCH resident's case conferences. Ensure that the expanded ARCH resident, resident's family or surrogate, expanded ARCH resident's physician and the primary care giver are represented at the case conferences;</p> <p>FINDINGS Resident #1 admitted at level of care; however, no case management services provided for the resident. Therefore, no services provided by an RN case manager for the resident.</p>	<p>"See Attached"</p>	<p>4/15/15 6/21/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) 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>"See Attached"</p>	<p>4/16/15 6/21/16</p>

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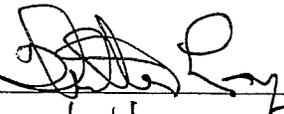
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	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p>FINDINGS Resident #1 admitted at level of care; however, no case management services provided for the resident. Therefore, no services provided by an RN case manager for the resident.</p>	<p>"See Attached"</p>	<p>4/15/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) 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>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p>FINDINGS Resident #1 admitted at level of care; however, no case management services provided for the resident. Therefore, no services provided by an RN case manager for the resident.</p>	<p>"See Attached"</p>	<p>4/15/15</p>

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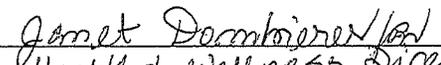
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Initial: _____

Licensee/Administrator's Signature: 

Print Name: Walter Long

Date: 5/25/15 - resubmitted
for 4/15/15
submission

Licensee's/Administrator's Signature: 

Print Name: Janet Dornbierer

Date: 6/21/16

Plan of Correction

Annual Inspection Date: Jan 5 to 7, 2015

11-100.1-9(a) Employee physical examinations were completed. To prevent this deficiency from recurring a physical examination must be completed prior to the start of employment and annually thereafter. HR will be responsible for maintaining a new hire checklist to ensure compliance with this requirement. HR will be responsible for filing the completed physical examination records in the Employee Physicals binder stored in the HR office. For annual physical examinations, HR will e-mail reminders to Department Managers for their respective staff two months before the annual due date. Each Department Managers will post the reminder e-mail in their respective department area. The employee will obtain the physical examination form from HR and return the completed form to HR. HR will be responsible for updating the tracking form and filing the completed annual physical examination forms in the Physicals binder stored in the HR office.

11-100.1-9(b) Staff members #1, #2, #3 two-step Mantoux TB were completed and documentation is attached.

Human Resource (HR) staff corrected past practice of documenting hire dates and start of work as being different dates. Hire dates now are documented as date that all pre-employment requirements are met and documented as actual start of work dates. HR staff complied all pre-employment paperwork to ensure it is accurate and completed prior to start of work.

11-100.1-9(e)(3) First Aid certifications were obtained. To prevent this deficiency from recurring First Aid Certifications must be completed prior to the start of employment date. HR will be responsible for maintaining a new hire checklist to ensure compliance with this requirement. HR will be responsible for filing the completed First Aid certificates in the Employee First Aid binder stored in the HR office.

11-100.1(f)(1) The CPR certifications were obtained. To prevent this deficiency from recurring CPR certifications must be completed prior to the start of employment date. HR will be responsible for maintaining a new hire checklist to ensure compliance with this requirement. HR will be responsible for filing the completed CPR certifications in the Employee CPR binder stored in the HR office.

11-100.1-13(i) Written clarification physician orders were obtained. To prevent this deficiency from recurring an Admissions Checklist was created and placed at the front of each resident's chart and maintained by the Primary Care Giver. For admissions or readmissions, written physician orders will be obtained for diet or clarification of diet orders at the time of admission or readmission. The Health and Wellness Director or designee will audit admission and readmission diet orders within 24 hours of admission or readmission to ensure appropriateness/completion of diet orders. To ensure appropriate nutrition for the resident, the Registered Dietitian will be notified within 24 hours of any identified risk for unmet nutritional needs. The Health and Wellness Director or designee will complete a chart audit within 24 hours from notification to ensure the Registered Dietitian has responded to the request for nutritional assessment. The Health and Wellness Director or designee will complete a chart audit 5 days from the date of notification to ensure documentation is present for any verbal recommendations, as appropriate. The Health and Wellness Director will follow up 10 days from the date of notification to ensure documentation is present for any face-to-face Registered Dietitian assessments and recommendations, as appropriate.

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Janet Dornbierer/RN, Health and Wellness Director

Janet Dornbierer/RN

June 21, 2016

Oceanside Hawaii Plan of Correction January 5-7, 2015

11-100.1-15(a) To prevent this deficiency from recurring, Pharmacy will provide appropriate labels to the outside of the packages and the individual Pharmacy will provide individual medication labels for each time is to be administered and attach the labels to each. The Health and Wellness Director will complete weekly medication checks to ensure medications are labelled and stored appropriately.

11-100.1-15(e) Resident #1 has all ordered medication

Care Staff reviewed all medications ordered for residents and those not given in the previous 60 days the physician was contacted to decide if they wanted to continue with the medication or discontinued because resident was not taking the medication.

Medications that are ordered prn including OTC's are obtained from the pharmacy with the OH paying for medications to ensure medications are obtained. Med Techs review all medications on twice a week to ensure ordered meds are available and current.

11-100.1-15 (f) Resident #1 December 2014 medication administration records was located in the monthly med administration binder and is attached. Med Techs remove the med administration sheet from resident file at the end of each month and place it in binder to facilitate recaps/reviews

11-100.1-15(f) All residents have a Medication Administration record on file. To prevent this deficiency from recurring, the Medication Administration records will be filed in the resident's chart within 7 days from the conclusion of every month. The Care Coordinator or designee will be responsible to ensure filing has been completed in a timely manner. The Health and Wellness Director will complete a random sampling of charts monthly to ensure Medication Administration records have been filed in a timely manner.

11-100.1-17(a)(6) All physician orders will be written/signed by a MD or an APRN. If verbal orders are taken, a copy of the verbal order will be faxed to the physician for signature who will then fax/mail the signed verbal order back to the Community within 14 days. All "physician order printouts" will be manually or electronically signed by the physician within 14 days from the date of the printout. The Care Coordinator or designee will track all physician orders with pending signatures. The Care Coordinator or designee will provide weekly verbal/written reminders to physicians until orders are signed and received by the Community. The Care Coordinator or designee will inform the Health and Wellness Director of any difficulty obtaining physicians' signatures. The Health and Wellness Director will assist the Care Coordinator or designee in obtaining physician signatures, as needed.

11-100.1-17(a) (6) Resident #1 orders are signed by a physician.

Lead Med Technician checks all new orders to ensure they are signed by the physician or APRN prior to transcribing order to the MAR.

Medical Records clerk reviews records to ensure orders are signed by physician or APRN.

11-100.1-17(b) (3) Resident summaries are documented monthly. Medical Records clerk audits monthly summary flow sheet to ensure summaries are completed when due.

Wellness Director reviews random summaries to ensure they are completed and re-educates staff when discrepancies are found.

11-100.1-17(b) (7) Resident #2 refused to be weighted.

When residents refuse to be weighted the Responsible Party and the physician/APRN are notified of residents' refusal and documented in the medical records:

11-100.1-20(c) Weight monitoring spreadsheet implemented to calculate weight changes to assist care staff and CEC in identifying residents with significant changes in their weight from one month to the other.

Wellness Director reviews random summaries to ensure they are completed and re-educates staff when discrepancies are found.

Walter Long 4/15/15

A handwritten signature in black ink, appearing to read 'Walter Long', is written below the typed name.

11-100.1-23(h) (l) (D) The fecal matter was cleaned off the toilet flush lever

The staff were reminded to check the thoroughness of residents who independently toilet themselves to ensure they are clean and the bathroom is left in a sanitary condition when they are finished using the bathroom.

The Environmental Services Director (ESD) conducts random rounds throughout the day to ensure the ARCH units is maintained in a sanitary and odor free condition.

11-100.1-23(o) (3) (B) Plastic pillow covers were obtained and placed on the pillows without covers. The staff were instructed to ensure all pillows have plastic covers prior to being issued to a resident.

The ARCH caregiver conducts random rounds of the unit to ensure regulations are being followed and follows-up with staff if deficiencies are found on the day.

11-100.1-23(p) (5) The required signaling devices were installed in rooms 109 a+b cow bells were used when devices were being repaired. The care coordinator monitors the functionality of the wireless call system on a daily basis utilizing the web based monitoring program and ensure that all residents have a functioning call light.

The Executive Director reviews web based call light data to identify opportunities for improvement and implements changes as indicated.

11-100.1-55(2) Registered Dietician (RD) conducted Executive Chef Training on 2/26/15.

Staff Training scheduled to be held on 4/21/15.

Executive Chef (EC) in charge of dietary issues will interact with RD consultant to ensure special diet training is conducted annually and the competency is maintained.

11-100.1-81(b) The call light system provides a daily report of response times for all resident calls. The Executive Director (ED) receives a daily email that contains the report. The ED reviews all call light data for response times and provides feedback to the Wellness Director regarding response times and opportunities for improvement. The ED reviews that data to insure improvements have been made when long response times are noted, reported, investigated, and education provided to ensure timely response to resident calls.



Walter Long 4/15/15

11-100.1-83(1) Staff members #1 terminated employment. Staff member #2 orientation completed on 2/17/15.

HR staff established a new general orientation program and will ensure that all new employees receive general orientation education on their first day of work.

11-100.1-83(5) Staff members completed required hours of in-services education: #1 2/17/15, #2 - 4/16/15 #3 - 4/17/15, #4 terminated employment on 1/25/15, #5 - 2/17/15

HR staff created a spreadsheet documenting all in-service education provided for staff members and will ensure that all staff members receive a minimum of 12 hours of in-services education annually.

11-100.1-83(5) All employees will have 12 hours of continuing education courses annually. To prevent this deficiency from recurring HR will create a spreadsheet to track the continuing education requirements. Oceanside has an automated education program which e-mails monthly reminders to each employee for courses to be completed within that month on designated computers set aside for staff use. The employee will read the course info and complete a test. A passing score must be at least 85%. The exam may be repeated until passed. Test results are automatically forwarded to the HR department who will then print out the certificates and file them in the Educational binder. HR will conduct an annual audit in October to ensure employees have met the requirement. E-mail reminders will be sent to employees that have not completed the required continuing education courses.

Janet Dornbierer RN

11-100.1-86(a) (3) The ESD was promoted to current position in October 2014 and has maintained the fire drill schedule according to regulations.

Evacuation policies and procedures were reviewed and implemented to practice evacuation during fire drills.

The Executive Director reviews the fire drill record to ensure drills are conducted monthly and randomly.

11-100.1-87(e) Resident #1s was refusing to obtain a case manager. Resident #1 now has a case manager. The was informed that resident could not be cared for without a case manager and that Resident #1 would be discharged due to non-compliance with regulations.

The Wellness Director reviews case manager assignments to ensure all EARCH residents have case managers.

Case Manager provided staff training in January. Wellness Director and Executive Director will attend the case manager meeting held by Director of Going Home Plus to discuss methods to improve communication with case managers and develop a schedule for monthly training on 4/21/15.

June 21, 2016

Oceanside Hawaii Plan of Correction January 5-7, 2015

11-100.1-87(e) To prevent this deficiency from recurring all E-ARCH residents or those residents becoming an E-ARCH resident will have a case manager in place prior to move in. In the event the resident is to return from a hospital/facility to the Community at the E-ARCH level of care, the resident, resident's family or surrogate and physician will be notified prior to the date of discharge of the requirement the resident must have a case manager prior to return to the Community. The case manager will provide any necessary training or RN oversight during the transition/admission process to ensure appropriate resident care is rendered. The Health and Wellness Director or designee will review all admissions/readmissions documentation day prior to admission to ensure a case manager has been assigned and appropriate RN oversight/case management and staff education has been provided.

11-100.1-88(c) Resident #1 was admitted to the ARCH unit and reassessed at E ARCH level of care The resident spouse refused to select a case manager for the resident until was informed that the resident would have to be discharged due to non-compliance with DOH regulations. Resident #1 has a case manager and is receiving complete case management services.

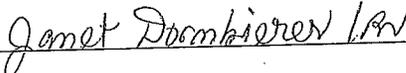
11-100.1-88(c) All E-ARCH residents or those residents becoming an E-ARCH resident will have a case manager in place prior to move in. In the event the resident is to return to the Community from a hospital/facility at the E-ARCH level of care, the resident, resident's family or surrogate and physician will be notified by the Primary Care Giver of the requirement for the resident to have a case manager prior to return to the Community. The Primary Care Giver or designee will provide a written list of Case Management Agencies to allow the resident, resident's family or surrogate to choose an agency/case manager from. The Health and Wellness Director or designee will review all admissions and readmissions documentation day prior to admission to ensure documentation is present identifying the resident's case manager prior to admission.

11-100.1-88(c)(1) The case manager was notified the resident required a comprehensive assessment prior to admission to the Community and there was absence of evidence of same. The Case Manager forwarded a copy of a comprehensive assessment to the Community. To prevent this deficiency from recurring, all E-ARCH residents or those residents becoming an E-ARCH resident will have a case manager in place prior to move in. In the event the resident is to return to the Community from a hospital/facility at the E-ARCH level of care, the resident, resident's family or surrogate and physician will be notified of the requirement for the resident to have a case manager prior to return to the Community. The case manager will complete a comprehensive assessment on the resident prior to the day of admission and provide a copy of the assessment to the Community prior to admission. The Health and Wellness Director will review all admissions/readmissions documentation on day prior to admission to ensure the case manager has completed a comprehensive assessment.

11-100.1-88(c)(2) The case manager was notified the resident did not have a case manager developed care plan. The case manager provided a copy of the care plan immediately to the Community. To prevent this deficiency from recurring the Primary Care Giver or designee will provide written/verbal reminders to ensure the E-ARCH resident has a case managed care plan no later than the day prior to date of admission. Verbal reminders will be documented. The Health and Wellness Director will review all admissions/readmissions documentation on day prior to admission to ensure a case manager developed care plan is in place.

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Janet Dornbierer/RN, Health and Wellness Director



11-100.1-88(c) (2) Resident # 1 was admitted to the ARCH unit _____ and reassessed at E ARCH level of care _____ The resident's spouse refused to select a case manager for the resident until _____ was informed that the resident would have to be discharged due to non-compliance with DOH regulations.

Resident # 1 has a case manager and is receiving complete case management services.

The Wellness Director and ARCH PCG ensures that all E ARCH residents have a case manager and informs the Executive Director if problems arise to mitigate issues and ensure regulations are adhered to.

11-100.1-88(c)(3) The case manager was contacted regarding the required monthly review of the care plan. Case manager monthly care plan reviews were then completed. The case manager will complete care plan reviews monthly or as needed. To prevent this deficiency from recurring a tracking system was created and placed in front of the resident's chart. The Health and Wellness Director or designee will provide case manager updates within 24 hours of identification of a change in care needs, services and/or interventions. The Health and Wellness Director or designee will review the documentation monthly to ensure the care plan reviews are completed in a timely manner. The Health and Wellness Director or designee will provide written or verbal reminders to the case manager to ensure care plan reviews are completed monthly or as needed.

11-100.1-88(c)(4) The case manager was contacted regarding any resident care needs, services and intervention changes since the last care plan review. The case manager then provided the Community with an updated care plan. To prevent this deficiency from recurring a tracking system was created and placed in front of the resident's chart. The Primary Care Giver or designee will provide case manager updates within 24 hours of identification of a change in resident care needs, services and interventions. The Health and Wellness Director or designee will review the documentation 24 hours after a change in care needs, services and/or interventions to ensure a copy of a case manager developed care plan update is in the resident's chart.

11-100.1-88(c)(5) To prevent this deficiency from recurring the Primary Care Giver or designee and the Case Manager will communicate any changes to the resident care needs, services and/or interventions within 24 hours of the identified change. The Health and Wellness Director or designee will review E-ARCH documentation within 24 hours of identification of changes in resident care needs to ensure there is evidence of a resident update being provided.

11-100.1-88(c) (5) Resident #1 was admitted to the ARCH unit and reassessed at E ARCH level of care. Resident's spouse refused to select a case manager for the resident until was informed that the resident would have to be discharged due to non-compliance with DOH regulations.

Resident #1 has a case manager and is receiving complete case management services.

The Wellness Director and ARCH PCG ensures that all E ARCH residents have a case manager and inform the Executive Director if problems arise to mitigate issues and ensures regulations are adhered to.

11-100.1-88(c) (6) Resident #1 was admitted to the ARCH unit and reassessed at E ARCH level of care. The resident's spouse refused to select a case manager for the resident until he was informed that the resident would have to be discharged due to non-compliance with DOH regulations.

Resident #1 has a case manager and is receiving complete case management services.

The Wellness Director and ARCHPCG ensures that all E ARCH residents have a case manager and informs the Executive Director if problems arise to mitigate issues and ensure regulations are adhered to.

11-100.1-88(c)(6) To prevent this deficiency from recurring, the Primary Care Giver or designee will provide the case manager with resident updates for changes in resident care needs, services and/or interventions within 24 hours of the identified change. The case manager will coordinate care giver training, hospital discharge, respite, home transfers and other services and provide regular and timely updates to the Primary Care Giver. Changes in resident care needs, services and/or interventions will be identified via MD office/ER visit documentation and reassessments. The Health and Wellness Director will review the resident's chart within 24 hours of an identified change and as needed to ensure there is documentation indicating case manager updates provided and coordination of transition of care and response to resident's change in condition.

11-100.1-88(c) (7) Resident #1 was admitted to the ARCH unit and reassessed at E ARCH level of care. The resident's spouse refused to select a case manager for the resident until was informed that the resident would have to be discharged due to non-compliance with DOH regulations.

Resident #1 has a case manager and is receiving complete case management services.

The Wellness Director and ARCH PCG ensures that all E ARCH residents have a case manager and informs the Executive Director if problems arise to mitigate issues and ensure regulations are adhered to.

11-100.1-88(c)(7) The case manager will arrange and participate in the E-ARCH resident's care conferences. To prevent this deficiency from recurring the following will be completed: The care conference will occur no later than three weeks from the date of admission. The Primary Care Giver will provide a written or verbal reminder to the case manager regarding care conference due dates. Verbal reminders will be documented in the resident's chart. The case manager will invite the resident, resident's family or surrogate, resident's physician and the primary care giver to attend the case conferences 2 weeks in advance of the scheduled meeting. The case manager will provide a copy of the documentation regarding which attendees were invited to the care conference and changes made to the care plan at the time of the care conference and evidence of the resident, resident's surrogate and physician signed the reviewed care plan. The Health and Wellness Director will review the E-ARCH resident's documentation monthly to ensure the case manager has invited the appropriate attendees and evidence of care conference attendee signatures and a summary note for each care plan meeting.

11-100.1-88(c)(8) The case manager was notified of the requirement of a face-to-face contact of at least every 30 days or more often with a change in condition. Monthly face-to-face assessments were completed thereafter. To prevent this deficiency from recurring the Primary Care Giver will provide a monthly, or as needed, written or verbal reminder of the requirement to the case manager. Verbal reminders will be documented in the resident's chart. A tracking form was placed in the front of the Resident's chart to indicate the dates of face-to-face contact. The Health and Wellness Director will review the E-ARCH resident's chart monthly to ensure documentation of the monthly, or as needed, face-to-face resident contacts have been completed.

11-100.1-88(c) (8) Resident #1 was admitted to the ARCH unit _____ and reassessed at E ARCH level of care _____. The resident's spouse refused to select a case manager for the resident until _____ was informed that the resident would have to be discharged due to non-compliance with DOH regulations.

Resident #1 has a case manager and is receiving complete case management services.

The Wellness Director and ARCH PCG ensures that all E ARCH residents have a case manager and informs the Executive Director if problems arise to mitigate issues and ensures regulations are adhered to.

11-100.1-88(c) (9) Resident #1 was admitted to the ARCH unit _____ and reassessed at E ARCH level of care _____. The resident's spouse refused to select a case manager for the resident until _____ was informed that the resident would have to be discharged due to non-compliance with DOH regulations.

Resident #1 has case manager and is receiving complete case management services.

The Wellness Director and ARCH PCG ensures that all E ARCH residents have a case manager and informs the Executive Director if problems arise to mitigate issues and ensure regulations are adhered to.

11-100.1-88(c)(9) To prevent this deficiency from recurring the Primary Care Giver or designee will document changes in resident care needs, services and/or interventions. There will be evidence of any staff education, nurse delegation and nurse delegation audits completed by the Health and Wellness Director stored in their respective binders in HR department. The Health and Wellness Director will complete monthly E-ARCH chart audits to ensure documentation of resident care/changes are present in the resident charts and staff education, nurse delegation and nurse delegation audits are present in the HR department.