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 STATE OF HAWAII
 HEALTH CARE LICENSING DIVISION

Office of Health Care Assurance
 State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

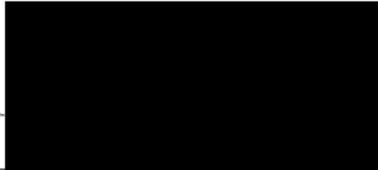
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|--|---|
| Facility's Name: Oililua Senior Care, Inc. #II | CHAPTER 100.1 |
| Address: 711 Oweana Street, Kailua, Hawaii 96734 | Inspection Date: November 12, 2015 Annual |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|--|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness. (b)</u> The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> First aid kit, no disposable probe covers for the battery operated thermometer.</p> | <p>Disposable probe covers for thermometer was purchased and replenished in the first aid kit.</p> <p>-To avoid similar deficiency in the future, I have already assigned my substitute caregiver to make a routine dialy check of the first aid kit for completeness.</p> | Nov. 13, 2015 |
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications. (a)</u> 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></p> | | |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|---|--|-------------------|
| | <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] no physician order to discontinue medication.</p> | <p>[REDACTED]</p> <p>-To prevent similar error in the future, I will obtain all verbal orders to be placed in writing before leaving the doctors' office.</p> | Nov. 13, 2015 |
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. Metal box inside the refrigerator used to secure resident medication; however, lock on the metal box was not engaged. 2. Medication cabinet unsecured as the lock was not engaged, during the annual inspection. | <p>-Medication box in the refrigerator was locked right away as soon as it was discovered that lock was not engaged. -To prevent similar error in the future, I now added into my daily routine assignment to check all medication cabinet and medication box in the refrigerator are properly secured and locked.</p> | November 12, 2015 |
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 Records and reports. (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 Resident [REDACTED], readmitted [REDACTED] [REDACTED]</p> | <p>Resident [REDACTED] emergency form was revised [REDACTED]</p> <p>-To prevent similar deficiency in the future, I have added into my readmission checklist to update emergency forms upon readmission. I have already assigned my substitute caregiver to check all checklist for completeness.</p> | November 12, 2015 |
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 Records and reports. (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> | | |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|---|--|-----------------|
| | <p>FINDINGS Resident [redacted] listed as a readmission in the permanent register; however, no date for readmission recorded in the register.</p> | <p>Readmission date was entered in the permanent register for resident [redacted]. -To avoid similar deficiency in the future, I will refer to my readmission checklist for completeness. I will have my substitute caregiver double check the list as well.</p> | Nov. 12, 2015 |
| <input checked="" type="checkbox"/> | <p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities, (a)(1)(C)</u> Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p>FINDINGS Resident [redacted] signed a policy upon readmission. [redacted] a charge for services should be specific.</p> | <p>-Monthly rate was corrected on resident [redacted] on the policy. -To avoid similar deficiency in the future, I have revised my policy that my rate for each resident is specific as supposed to rate range.</p> | Nov. 12, 2015 |

Licensee's/Administrator's Signature:



Print Name:

Date: March 24, 2016