

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Paranada #2	CHAPTER 100.1
Address: 16 Hoolaulea Street, Hilo, Hawaii 96720	Inspection Date: April 19, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident #1, re-admitted level of care assessment completed after re-admission,</p>	<p>To prevent Level of Care Assessment deficiency, I will utilize OHCA Form ARCH N 1A (ARCH/EXPANDED ARCH RESIDENT ADMISSION) RE-ADMISSION CHECK LIST) PRIOR to res/rev admission.</p>	05-17-2016

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§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. <u>FINDINGS</u> Resident #1. physician order read, However, medication not listed as available on medication records. monthly	<i>started documentation immediately and will continue until further orders by Physician.</i>	<i>04-19-16</i>
		<i>To prevent medication not being accurately recorded, CTO will review any medical orders upon completion of medical/dental appointments. All changes will be recorded on their medication record.</i>	<i>05-17-2016</i>
☒	§11-100.1-17 <u>Records and reports</u> . (a)(1) 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: Documentation of primary care giver's assessment of resident upon admission; <u>FINDINGS</u> Resident #1, no admission assessment completed upon re-admission	<i>To prevent admission assessment deficiency in the future. I will utilize OHCA Form ARCH N-1A (ARCH/EXPANDED ARCH RESIDENT ADMISSION/RE-ADMISSION CHECK LIST) PRIOR to their admission</i>	<i>05-17-2016</i>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS Resident #1, physician orders dated _____ read,</p> <p>However, no blood sugar test results documented.</p>	<p><i>see attached</i></p> <p><i>started documentation of blood/sugar immediately, until further ordered otherwise.</i></p>	<p><i>04-19-16</i></p>

<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident #1, re-admitted _____ self-preservation statement completed after re-admission</p>	<p><i>To prevent self-preservation deficiency, CMO will ensure utilization of OHCA form ARCH NLA 01/07, (ARCH/EXPANDED ARCH RESIDENT ADMISSION/RE-ADMISSION CHECK LIST) PRIOR to their admission</i></p>	<p><i>05-17-2016</i></p>
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June 7, 2016

MEMORANDUM

From: Lee Paranada, DBA Paranada ARCH #2

To: Jill Castanares, R.N., Dept of Health, Office of Health Care Assurance

Ref: (a) Dept. of Health Certified Letter dated June 2, 2016

Subj: UNACCEPTABLE PLAN OF CORRECTION NOTICE #2

In accordance with reference (a), the following plan of correction are submitted:

***“How will you “ensure” that all Physician orders are followed as instructed?
How will you ensure that the test results are documented? How will you
remember to document the results?”***

After each medical appointment with the residents, the CHO will review any orders given, to determine if any changes have been ordered since their last visit. If changes occurred, the CHO will brief and update all caregivers of the additions/deletions/modifications, of all present orders. CHO will also make note on their Progress Notes.

Since medication records are updated two to three times a day, all caregivers will ensure blood/sugar test results are documented in their perspective Medication Record (as applicable).

Mahalo,



LEE PARANADA
Administrator, Paranada #2 ARCH

Licensee/Administrator's Signature: 

Print Name: Leandro Parana

Date: 04-19-16

Licensee's/Administrator's Signature: 

Print Name: LEANDRO PARANA

Date: 05-17-2016

Licensee's/Administrator's Signature: 

Print Name: LEE PARANA

Date: 06-06-2016