

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pohai Nani Ahui Malie	CHAPTER 100.1
Address: 45-090 Namoku Street, Kaneohe, Hawaii 96744	Inspection Date: October 13, 2015 Annual

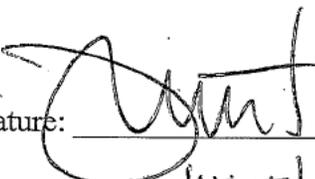
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been 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>FINDINGS Primary Care Givers #1, 3, and Substitute Care Givers #3, 4, 5, 6, 7, 9, 12, 13, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 25 No annual physical examination.</p>	<p>Completed. See attachment</p>	<p>02/09/16</p>
<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 Substitute Care Givers #17, 19, 22 No current annual TB</p>	<p>Completed. See attachment</p>	<p>10/31/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	clearance.		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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 Primary Care Giver #3, Substitute Care Givers #17, 19, 22 No current annual first aid certification.</p>	<p>Completed. See attachment</p>	02/13/16
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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 Substitute Care Giver #18 No current annual CPR certification.</p>	<p>Completed. See attachment</p>	10/31/15
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (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</p>	<p>Completed. See attachment</p>	01/19/16

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>when any incident occurs;</p> <p>FINDINGS Resident #1 Incident report not written immediately</p>	<p>progress note</p> <p>Please see attached guideline for charting. RN Manager or designee will check all incident reports to ensure that progress notes are written as needed. Incident reports and unusual occurrences will be monitored on a daily basis by RN and/or designee for documentation.</p>	<p>01/19/14</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 No progress notes for physician office visits</p>	<p>Completed. See attachment</p>	<p>01/19/16</p>
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Resident #1 date of birth and date of admission identical date Permanent general register not maintained.</p>	<p>Completed. See attachment</p>	<p>10/31/15</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,</p>	<p>Completed. See attachment</p>	<p>01/19/16</p>

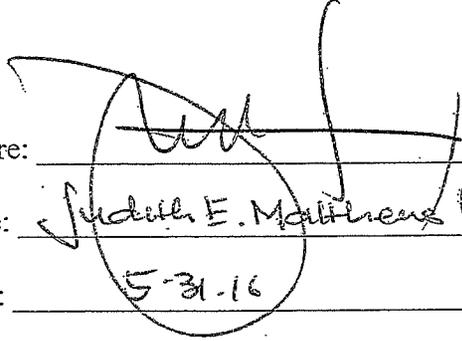
	Rules (Criteria)	Plan of Correction	Completion Date
	coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. <u>FINDINGS</u> Resident #1 gained pounds No documentation physical change reported to physician.	<i>Completed</i> <i>See attachment</i>	<i>01/19/16</i>

Licensee's/Administrator's Signature: 

Print Name: JUDITH E. MATTHEWS BJA

Date: 4.25.16

Licensee's/Administrator's Signature: _____



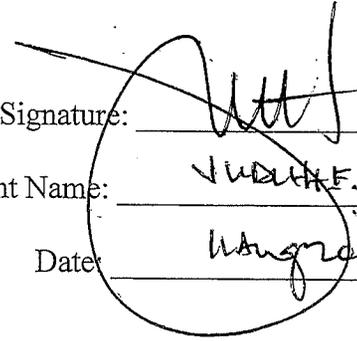
Print Name: _____

Judith E. Matthews RN Director AL/ ARCH

Date: _____

5-31-16

Licensee's/Administrator's Signature: _____



Print Name: _____

JUDITH E. MATTHEWS RN
DIR HEALTH SCS

Date: _____

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Facility's Name: POHAI NANI AHUI MALIE

Plan of Correction

RULES:

§11-100.1-9 Personnel, staffing, and family requirements (a)

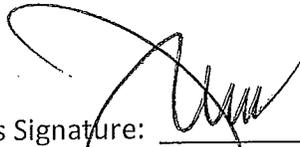
- All caregiver have completed annual physical examinations. See attachments 2A.
- The RN manager and Unit clerk have established a system to notify staff 30 days before documentation is due to complete and turn in. Any staff member not complying will be removed from the schedule until proof of current documentation is given.

Completed on: 02/09/2016

Licensee's/ Administrator's Signature: _____

Print Name: _____

Date: _____



JUDITH E. MATTHEWS

4-25-16

Facility's Name: POHAI NANI AHUI MALIE

Plan of Correction

RULES:

§11-100.1-9 Personnel, staffing and family requirements (b)

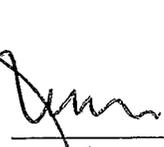
- All have completed. See attachment 2B.
- The RN Manager and Unit Clerk have established a system to notify staff 30 days before documentation is due to completed and turn in. Any staff member not complying will be removed from the schedule until proof of current documentation is given.

Completed on: 10/31/2015

Licensee's/ Administrator's Signature: _____

Print Name: _____

Date: _____


JUDITH E. MATTHEWS
RN
4-25-16

Facility's Name: POHAI NANI AHUI MALIE

Plan of Correction

RULES:

§11-100.1-9 Personnel, staffing, and family requirements (e)(3)

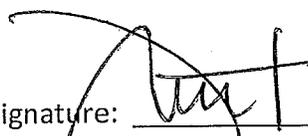
- All completed. See attachment 2C.
- The RN manager and Unit clerk have established a system to notify staff 30 days before documentation is due to complete and turn in.
- Any staff member not complying will be removed from the schedule until proof of current documentation is given.

Completed on: 02/13/2016

Licensee's/ Administrator's Signature: _____

Print Name: _____

Date: _____



JUDITH F. MATTHEWS RN

2/25/16

Facility's Name: POHAI NANI AHUI MALIE

Plan of Correction

RULES:

§11-100.1-9 Personnel, staffing, and family requirements (f)(1)

- Completed. See attachment 2D.
- The RN manager and Unit clerk have established a system to notify staff 30 days before documentation is due to complete and turn in.
- Any staff member not complying will be removed from the schedule until proof of current documentation is given.

Completed on: 10/31/2015

Licensee's/ Administrator's Signature: _____

Print Name: _____

Date: _____

[Handwritten Signature]
JUDITH E. MATHEWS BOND

4.25.16

Facility's Name: POHAI NANI AHUI MALIE

Plan of Correction

RULES:

§11-100.1-17 Records and reports (b)(3)

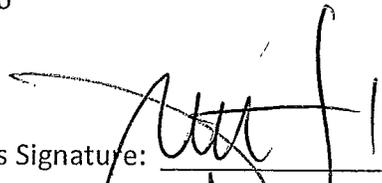
- Staff reeducated on issues that must be charted on, including condition changes and incident reports.
- Documentation guidelines have been placed in each ADL Binder. An in service on charting guidelines, incident reports and documentation has been added to the required training for the year.
- RN manager or designee will check all incident reports on a daily basis to ensure that progress notes are written.
- Progress notes will be written at the time of the occurrence and resident will be placed on alert charting for 72 hours. Alert charting requires each shift to document their observation of the resident on the progress note for 72 hours. The RN will monitor all alert chart on a daily basis.

Completed on: 01/19/2016

Licensee's/ Administrator's Signature: _____

Print Name: _____

Date: _____


JUSTINE E. MATTHEWS
DIR HEALTH SERVICES
Aug 11, 2016

Facility's Name: POHAI NANI AHUI MALIE

Plan of Correction

RULES:

§11-100.1-17 Records and reports (b)(8)

- Staff reeducated on the need to chart when resident has doctor visit.
- The RN manager will review all charts when resident have appointment or seen by a care provider and will chart.

Completed on: 01/19/2016

Licensee's/ Administrator's Signature:

Print Name:

Date:



JUSTICE E. MATHEW R.N.

4.25.16

Facility's Name: POHAI NANI AHUI MALIE

Plan of Correction

RULES:

§11-100.1-17 Records and reports (h)(1)

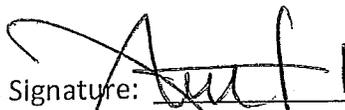
- Unit Clerk reviewed register for errors and made corrections. See attachment 2G.
- All future admissions information will be checked by RN Manager for accuracy within 24 hours or entry into register.

Completed on: 10/31/2015

Licensee's/ Administrator's Signature: _____

Print Name: _____

Date: _____



JOSEPH E. MATTHEWS, RN, DN
4.25.16

Facility's Name: POHAI NANI AHUI MALIE

Plan of Correction

RULES:

§11-100.1-20 Resident health care standards (c)

- Staff has been reeducated on policy and method of reporting condition changes to MD. See attachment 2e and 2f.
- Documentation guidelines have been placed in each ADL Binder. An in service on charting guidelines, incident reports and documentation has been added to the required training for the year.

Completed on: 01/19/2016

Licensee's/ Administrator's Signature: _____

Print Name: _____

Date: _____

JUDITH E. MATTHEWS BSN, RN
4-25-16