

Office of Health Care Assurance

State Licensing Section

RECORDED
16 MAR 30 P1:35

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
HOSPITAL & HEALTH CARE DIVISION

Facility's Name: Trans Haven, Inc.	CHAPTER 100.1
Address: 74-5156 Kialoa Place, Kailua-Kona, Hawaii 96740	Inspection Date: April 14, 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> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS Substitute care givers #1, #2, and #3: No documentation for primary care giver training.</p>	<p>will provide training on all SCGs on basic caregiving skills and medication administration. This will be signed and dated on training form and will be kept in EE binder. This will be monitored and updated yearly and/or if needed, if changes occur.</p>	<p>2/2/16 ongoing</p>
		<p>nurse case manager & PCG provided training to substitutes #1, 2, & 3 [redacted] - training will be provided on all SCGs on basic caregiving & med. adm. skills on a yearly basis. This will be signed & dated on a training form & updated if any changes occur.</p>	<p>[redacted] 4/20/15 2/2/16</p>

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</p>		
	<p>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, no level of care assessment by physician/ APRN upon [redacted] readmission.</p>	<p>Prior to readmission, will work with resident's physician to make sure that the LOC form is filled. Will refer and give admission checklist to physician to monitor/check for completion.</p>	<p>ongoing</p>
<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 Resident #1, no signed diet order upon [redacted] readmission.</p>	<p>Will ensure that the diet order is prescribed by working with the resident's doctor prior to readmission - will refer to admission checklist paper presented for completion of such order.</p>	<p>ongoing</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1, readmitted [redacted]; however, medication order signed by physician after admission [redacted].</p>	<p>will work with the resident's doctor to have the resident's medications signed before discharge - will present the doctor with the admission checklist and will call for follow-up completion.</p>	<p>ongoing</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</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS</p> <div style="background-color: black; width: 100%; height: 40px;"></div>	<p>When Telephone/Verbal order is given by a resident's physician, this will be noted on physician's order form, on MAR, and on Resident's progress note right away.</p>	<p>Ongoing</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-16 Personal care services. (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p>FINDINGS Resident #1, no schedule of activities.</p>	<p>A schedule of activities for resident #1 was made <div style="background-color: black; width: 100px; height: 15px;"></div> An individualized schedule of activity for each resident shall be made upon admission or when a change in physical/mental status occurs. This will be kept in resident's binder 1 and dated.</p>	<p>4/20/15 et al.</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§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:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS Resident #1, primary care giver assessment incomplete. i.e., no record of vital signs, skin assessment, resident and family concerns and inventory of equipment upon readmission.</p>	<p>upon readmission, complete assessment to include vitals, skin assessment & resident/family concerns shall be noted on progress notes and inventory of personal belongings and/or equipment noted on Residents clothing/valuables form. will refer to admission checklist to ensure completeness of such requirement.</p>	<p>Ongoing</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p>FINDINGS All resident records unsecured in a closet.</p>	<p>Resident records shall be kept in locked cabinet for security. Will add to checklist for admission to serve as reminder for CHO to do. on checklist, it will state: "Resident Records shall be kept in secured storage."</p>	<p>Ongoing</p>
		<p>All of resident records shall be kept in locked cabinets for confidentiality. Will remind JCGs to keep all records locked & will check quarterly for compliance.</p> <p>All of the resident records were brought upstairs & locked in file cabinet [REDACTED]</p>	<p>4/15/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS Resident #1, readmitted [REDACTED]; however statement for determination of resident finances [REDACTED].</p>	<p>Upon readmission, statement of resident's finances form shall be signed & dated again. Will include it on admission checklist and refer to it for completion upon readmission.</p>	<p>ongoing</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to,</p>		
	<p>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>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p>FINDINGS Resident #1, self-preservation certification signed by physician on [REDACTED] after [REDACTED] readmission.</p>	<p>Will work with resident's physician prior to readmission to make sure that the self-preservation certification is signed. Will refer to admission checklist for completion of such requirement.</p>	<p>ongoing</p>

Licensee's/Administrator's Signature: Eden Transfiguracion, CHD

Print Name: Eden Transfiguracion

Date: 3/25/16

Licensee's/Administrator's Signature: Eden Inf

Print Name: Eden Transfiguracion

Date: 7/29/16
