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Office of Health Care Assurance

16 AUG -8 P. 01

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: United Family Care Home, LLC	CHAPTER 100.1
Address: 1328 Molehu Drive, Honolulu, Hawaii 96818	Inspection Date: May 10, 2016 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><b>FINDINGS</b> Primary care giver has physical examination (PE) completed but not dated. Unable to tell when PE was done. SUBMIT DATED COPY WITH YOUR PLAN OF CORRECTION (POC).</p>	<p>On May 11 2016, brought undated P. E form to MD office to be dated with my actual P. E date 2/17/16.</p> <p>In the future will use checklist to review documents 2 months prior to inspection dated PE copy submitted</p>	5/11/16
<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:  Be currently certified in first aid;</p>	<p>SCG # 3 had FA done on 5/6/16 Unfortunately copy of FA cert. not on chart during inspection 5/10/16 FA cert. obtained 5/15/16 placed copy on chart and copy submitted.</p>	

From here forward, will verify documents using calendar or reminder 2 months prior to inspection

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> Substitute care giver (SCG) #3 no current first aid certification on record. PROVIDE COPY WITH YOUR POC.</p>	<p><i>see answer page #1</i></p>	<p><i>5/15/16</i></p>
<p><input checked="" type="checkbox"/></p>	<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><b>FINDINGS</b> SCG #3 no current cardiopulmonary resuscitation (CPR) certification on record. PROVIDE COPY WITH YOUR POC.</p>	<p><i>SCG #3 had CPR done on May 6, 16. Unfortunately copy of CPR not on chart during inspection. Copy obtained on 5/15/16 placed on chart copy submitted.</i></p> <p><i>In the future, will we calendar to verify all documents &amp; make pres to inspection.</i></p>	<p><i>5/15/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-15 <u>Medications</u>. (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><u>FINDINGS</u>            Tube of Neosporin ointment with expiration date of 08/2015 in the first aid kit.</p>	<p>Will remind family members not to mix or place medicine in clients First Aid kit. Staff to inspect First Aid kit weekly. Place note on med cabinet</p>	<p>May 10 2016</p>
		<p>Neosporin removed at once Day of inspection. Will remind family members not to mix family medicine at med cabinet. Reminded of no Neosporin on cabinet placed</p>	<p>5/10/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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</p>		
	<p>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><b>FINDINGS</b> Resident #1 no progress notes in record for 5/2015 thru 7/2015.</p>	<p><i>In the future will review chart closely-monthly to document monthly and transfer appropriate document when finishing chart. Staff to help review chart. State to help on calida by Refugate</i></p>	<p><i>May 10, 2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 Personnel and staffing requirements. (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><b>FINDINGS</b></p> <ol style="list-style-type: none"> <li>1. SCG #1 short eight (8) hours of continuing education (CEU) hours. SUBMIT EIGHT (8) HOURS OF CEU'S WITH YOUR POC.</li> <li>2. SCG #2 short two (2) hours of CEU's. SUBMIT TWO (2) HOURS OF CEU'S WITH YOUR POC.</li> </ol>	<p>SCG #1 - As soon as inspection on 5/10/16 done, CE classes arranged with to be done 2 consecutive Saturdays to satisfy requirements May 28 and June 4 2016 8 CE credits obtained, completed by SCG #3 copy submitted</p> <p>SCG #2 Completed, obtained CE credits 20 on May 28 and June 4 2016 to satisfy requirements. Copies place in chart, copy submitted.</p>	
	<ol style="list-style-type: none"> <li>3. SCG #3 short eight (8) hours of CEU's. SUBMIT EIGHT (8) HOURS OF CEU'S WITH YOUR POC.</li> </ol>	<p>SCG #3 - Completed + obtained 8 CE credits on May 28 and June 4, 16. copies placed in chart, copy submitted.</p>	

For SCG #1 - In the future from here on, will remind <sup>all SCG</sup> SCG #1, SCG #2 monthly using calendar to obtain CE credits totaling 12 hrs for the entire year to satisfy requirements. Total <sup>(2)</sup> months prior to inspection; if SCG's have not fulfilled 12 CE credits, will arrange continuing education (CE) classes for them.

United Family Care Home  
1328 Kalia Dr.  
Honolulu, HI 96814

Answers to deficiencies #3. 11-100-7-83  
1. SCG #1 - As soon as inspection on 5/10/16 done  
continuing education classes arranged with  
to be done May 28 or

June 4 2016 to satisfy requirements.  
SCG #1 - completed and obtained 8<sup>0</sup> ~~off~~  
CE credits. To complete 12<sup>0</sup> CE.  
copy filed in chart and copy submitted  
(on the) From here on will rework SCG  
using the calendar to obtain CE credits  
totaling 12<sup>0</sup> for the year to satisfy  
requirements.

If not fulfilled, 2 months prior to  
inspection, will arrange CE classes for  
SCG #1. in time for inspection.

Her Fred Ford

SCG #2 - attended, completed 2<sup>0</sup> CE credits  
 on May 28 and June 4 2016 with the  
 scheduled CE class with  
 copy placed in chart - copy submitted  
 from here forward will remain SCG4  
 monthly using the calendar to obtain CE credits  
~~totaling~~ totaling of 12<sup>0</sup> / year to satisfy  
 requirement.  
 If not fulfilled 2 months prior to  
 inspection - will arrange CE classes for  
 SCG #2 in time for inspection.

SCG #3 - attended, completed 8<sup>0</sup> CE credits  
 on May 28 and June 24 2016 with  
 to satisfy requirement.  
 From now on, will remain SCG monthly,  
 using the calendar to obtain total of  
 12 hrs CE credits for the year to satisfy  
 requirement.  
 If not fulfilled 2 months  
 will arrange CE classes for SCG #3  
 in time for inspection.

Allen G. T.

Licensee's/Administrator's Signature:



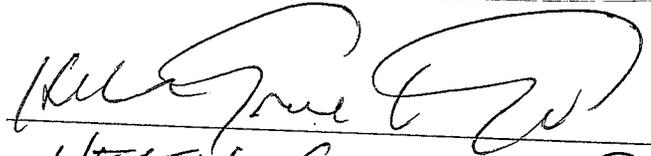
Print Name:

Helen Grace V. Gow

Date:

6/27/16

Licensee's/Administrator's Signature:



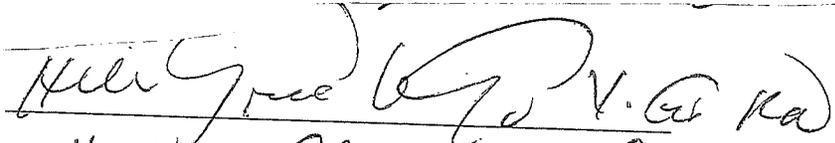
Print Name:

HELEN GRACE V. GOW

Date:

7/4/16

Licensee's/Administrator's Signature:



Print Name:

HELEN GRACE V. GOW

Date:

8/5/16