

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

57-1000

15 APR -4 12:21

STATE OF HAWAII  
OFFICE OF HEALTH CARE ASSURANCE

Facility's Name: Wailua Ohana	CHAPTER 100.1
Address: 187 Lihau Street, Kapaa, Hawaii 96746	Inspection Date: December 31, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><b>FINDINGS</b> Resident [redacted] No signed agreement that details resident's right to 30 day notice of intent to discharge by licensee.</p>	<p>Resident [redacted] signed agreement stating residents rights to 30 day notice of discharge was placed in folder. In the future all signed agreements and 30 day discharge notice will be placed in all Resident folders upon admission</p>	3/30/14
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C)</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>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><b><u>FINDINGS</u></b>  Resident [redacted] No signed agreement that details services and related charges.</p>	<p>Resident [redacted] signed agreement was placed in residents folder and future signed agreements that details services and related charges will be placed in all Residents folder at the time of admission</p>	<p>3/30/14</p>

Licensee's/Administrator's Signature:

Print Name:

Date: 3-30-14