



Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Apostol Care Home ARCH	CHAPTER 100.1
Address: 94-1244 Hinaea Street, Honolulu, Hawaii 96797	Inspection Date: July 6, 2016 Annual

IMMEDIATE ADVISORY

POSTING OF DEFICIENCIES AND PLANS OF CORRECTIONS

If you fail to submit a plan of correction (POC) within ten (10) working days of receipt of your Statement of Deficiencies (SOD):  
Your SOD will be posted on the Department of Health (DOH) website with the following statement:

**"POC NOT RECEIVED AS OF <DATE>"**

If you initially submit an unacceptable POC (UPOC), you have ten (10) working days to submit an acceptable POC. If the revised POC is still unacceptable, your SOD will be posted on the DOH website with the following statement:

**"POC NOT ACCEPTABLE"**

If you initially submit an unacceptable POC (UPOC), but you fail to submit a revised POC, your SOD will be posted on the DOH website with the following statement:

**"POC NOT ACCEPTABLE"**

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b><u>FINDINGS</u></b> Resident #1 No documentation of flu immunization. No documentation of pneumococcal immunization.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>Scheduled immunization</p> <div style="background-color: black; width: 100px; height: 30px; margin: 5px 0;"></div> <p>pneumococcal immunization completed 07/14/16</p> <p>(available) flu immunization completed 09/02/16</p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p>Upon admission, I will check my check list. I will mark when the immunizations was administered. on my calendar. I will check every month when it is due. I will remind my substitute #1 to remind primary caregiver when it is due.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p><b>FINDINGS</b> Resident #1 No documentation that case manager reviewed care plan since admission [REDACTED]</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> <i>Called case Manager to review care plans since admission</i></p> <p><i>Obtained &amp; completed</i></p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> <i>Upon admission and for every month, I will check my checklist and on my calendar. To check that case manager review care plan. I will also call case manager one month before it is due. If not completed, I will case manager to complete within 24 hrs</i></p>	<p><i>07-15-16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(6)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><b>FINDINGS</b>  Resident #1 No documentation of training by case manager for substitute care giver #1, and substitute care giver #2.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> Called Case Manager to provide documents. That had trained substitute 1 &amp; 2 obtained and completed 07/15/16</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b>  upon admission, I will check my check lists. That Case Manager will provide documentations that [redacted] had trained PCG and substitute # 1 and #2.  I will also remind my substitute 1 &amp; 2 to remind Primary Care Giver to have Case Manager provide documentation.</p>	<p>07/15/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(8)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b>FINDINGS</b>            Resident #1 No documentation that case manager had face to face contact with resident [REDACTED].</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> <i>Called case manager obtained documentations that had face to face contact with Resident #1 [REDACTED]</i></p> <p><b>Completed</b></p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b>  <i>upon admission and every monthly visit with case manager, I will check my checklist to remind my self to have case manager to document. I will also remind my substitute #1 to remind Caregiver (PCG) to have case manager to document face-to-face contacts with the expanded ARCH resident every thirty days. If not completed, I will call case manager to complete within 24 Hrs.</i></p>	<p><i>07/15/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><b><u>FINDINGS</u></b> Resident #1 No documentation of comprehensive assessment by case manager.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> <i>Called Case Manager, complete comprehensive assessment. Completed</i></p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b> <i>Upon admission, I will check to see when it is due. Mark on my calendar. Consult calendar every month. I will call case manager one month before it is due If not complete assessment I will call Case Manager to complete within 24 HRS.</i></p>	<p><i>07-15-16</i></p>

Licensee's/Administrator's Signature: Edwin C. Apostol

Print Name: Edwin C. Apostol

Date: 09-01-16