

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: D-Well Care Services	CHAPTER 100.1
Address: 5119 B Likini Street, Honolulu, Hawaii 96818	Inspection Date: May 27, 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> (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 No tuberculosis clearance:</p> <ul style="list-style-type: none"> Substitute care giver (SCG) #2. Submit copy with plan of correction (POC). 	<p>A) Substitute caregiver #2 has chest X-ray done yearly and updated, but last [redacted] PPD card. Lanatikia don't have a copy or duplicate.</p> <p>In the future, I will review my care home folder quarterly to ensure that all required paperwork are located in the folder. I will utilize a calendar to remind me a month ahead of time when physicals and TB tests are due for all of my residents, employees, and family (including myself).</p>	<p>3/28/16</p> <p>7/6/16</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 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:</p> <ul style="list-style-type: none"> No level of care assessment for [redacted] admission. 	<p>A.) Called and went to see the Resident 1's physician to update the level of care assessment.</p> <p>In the future, I will develop an admission checklist to remind me of what is needed for an admission. I will utilize this checklist to ensure that I have received all required paperwork.</p>	<p>3/28/16</p>
<input type="checkbox"/>	<p>FINDINGS No triangle bandage in first aid kit.</p>	<p>A.) Found and pick one out from the store, which is now together in my first aid kit.</p> <p>In the future, I will train my substitute caregiver to use the first aid kit checklist to ensure that I am equipped with the necessary supplies for a Type I ARCH.</p>	<p>7/6/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p>FINDINGS No triangle bandage in first aid kit.</p>	<p>A.) Found and pick one out from the store, which is now together in my first aid kit.</p> <p>In the future, I will train my substitute caregiver to use the first aid kit checklist to ensure that I am equipped with the necessary supplies for a Type I ARCH.</p>	<p>3/28/16</p>
<input type="checkbox"/>			<p>7/6/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Resident #1: ██ Primary care giver (PCG) did not clarify order with physician. • PCG placed resident on ██████████ diet without an order.</p>	<p>On 3/19/16 Physician was called to obtain a diet order for the resident. In the future, I will <u>contact the Physician</u> immediately when orders are not cleared or require a change per per resident request or for other reasons.</p> <p>2) A.) Called and went to see Resident 1's physician to clarify the ██████████ diet ordered ██████████ from the hospital and document if signed by the physician's Resident 1.</p>	<p>3/28/16</p>
		<p>In the future, I will use my admission checklist to ensure all received paperwork and orders from the physician are cleared. If not, I will contact the physician immediately.</p>	<p>7/6/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Resident #1: <ul style="list-style-type: none"> PCG did not follow [redacted] on record. </p>	<p>[redacted]</p> <p>In the future, I will use my special diet menu to ensure that the residents are following their diet order (if needed). I will contact the dietician at OHTCA if assistance, alteration, and approval is necessary for the special diet menu.</p>	<p>3/28/16</p> <p>7/6/16</p>
<input checked="" type="checkbox"/>	<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>FINDINGS Resident #1: <ul style="list-style-type: none"> [redacted] unsecured in refrigerator. </p>	<p>A) Found a container with lock and use it to store all medications that needs refrigeration.</p> <p>B) In the future, all medications that needs refrigeration must lock and secure to prevent anyone accessing the medication that are not authorized</p>	<p>3/28/16</p>

	Rules (Criteria)	Plan of Correction	Completion
<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: • No admission assessment [REDACTED] by PCG.</p>	<p>A) Made a new Admission Assessment dated upon admitting back to my ARCH.</p> <p>In the future, I will develop an admission checklist to remind me of what is needed for an admission. I will utilize this checklist to ensure that all the required paperwork is received.</p>	<p>3/28/16</p> <p>7/6/16</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>FINDINGS Resident #1. No record of: • Discharge to hospital [REDACTED]</p>	<p>A) updated my Resident Register which is admitted to the hospital [REDACTED] and discharged [REDACTED]</p> <p>In the future, I will develop a discharge checklist to ensure that all residents are discharged properly. My records will reflect a proper discharge.</p> <p>In the future, I will develop an admission checklist to remind me of what is needed for an admission. I will utilize this checklist to ensure that all the required paperwork is received.</p>	<p>3/28/16</p> <p>7/6/16</p>

Licensee's/Administrator's Signature: [Signature]
Print Name: Maria T. Dingle
Date: 2/19/16

Licensee's/Administrator's Signature: [Signature]
Print Name: Maria T. Dingle
Date: 3/29/16

Licensee's/Administrator's Signature: [Signature]
Print Name: Maria T. Dingle
Date: 5/18/2016

Licensee's/Administrator's Signature: [Signature]
Print Name: Maria T. Dingle
Date: 7/6/16