

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Debora's	CHAPTER 100.1
Address: 1773 Piikea Street, Honolulu, Hawaii 96818	Inspection Date: August 17, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100:1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Thermometer from refrigerator that stores [REDACTED] food shows 50 degrees Fahrenheit at room temperature.</p>	<p>New thermometer obtained. In the future I will make sure that refrigerator thermometer is checked regularly to avoid the same mistake again.</p>	8/20/15

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u> Resident #1 Emergency information sheet does not reflect [redacted] medication.</p>	<p>Resident Emergency info. updated & properly filed in [redacted] client chart. To avoid the same mistake I will make sure that everytime client has [redacted] on new orders [redacted] @. Emergency info. needs to be updated & away.</p>	<p>8/20/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p>FINDINGS Fire exit #2 uncoiled water hose partially obstructs access to area of refuge.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? Water hose is being coiled nicely and placed on the side that does not obstruct the way to the refuge area.</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To avoid the same mistake again. CTO informed all the staff (SCG's) and family members that every time they use the water hose must be coiled properly and ^{set} on the side so as not to obstruct the way to the refuge area. CTO use to check every time to make sure its properly coiled and set on the side out of the way.</p>	<p>9/14/16</p> <p>9/16/16</p>

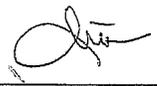
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p>FINDINGS Resident #1 assessed at [redacted] level of care [redacted] [redacted]. No case manager assigned since 7/15.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? what I did to correct the deficiency is I requested to [redacted] all the required plan of care and Assessment including MDS order [redacted]</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To avoid the same mistake again as CTO I will make sure that [redacted] CM be able to make a plan of care and and assessment for the client needs. CM that able to collaborate & caregivers all the problems that needs to be address to make the client comfortable.</p>	<p>9/16/14</p> <p>9/16/14</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)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p>FINDINGS Resident #1 assessed at [redacted] level of care [redacted]. No care plan developed by case manager.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? What I did to correct this deficiency is - I ask [redacted] RN who use to visit the client [redacted] for any problem that may arise. To do the assessment of the client and make a list of all the problems and to develop a care plan. and also insures needed for the caregivers to be able to deliver proper care to the client smoothly.</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To ensure that it doesn't happen again I will make sure the RN Casemanager has documentation of assessment and able to identify the problems of the client and a care plan. caregivers also has to have insurances regarding [redacted] medications.</p>	<p>9/16/14</p> <p>9/16/16</p>

Licensee/Administrator's Signature: 

Print Name: Debara U. Castro

Date: 12/15/15

Licensee/Administrator's Signature: 

Print Name: Debara Castro

Date: 3/24/16

Licensee's/Administrator's Signature: 

Print Name: Debara Castro

Date: 9/16/16