Office of Health Care Assurance

State Licensing Section

Complete Inspection Rules (Criteria)
for
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fely Irons' Adult Residential Care Home	**CHAPTER 100.1**
Address: **2036 Komo Mai Drive, Pearl City, Hawaii 96782**	**Inspection Date: February 23, 2016 Annual**

	Rules (Criteria)	**Plan of Correction**	**Completion Date**
☒	§11-100.1-15 Medications. (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. **FINDINGS** Unsecured, one (1) package of labeled medication stored in the refrigerator.	Placed labeled medication in a secured zippered sealed locked container with small black key + dated. Left the steps that meds require storage in a refrigerator should be checked every day to be sure its locked + not opened.	8/27/16
☒	§11-100.1-17 Records and reports. (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: Documentation of primary care giver's assessment of resident	Make sure to check a full body assessment of a resident upon admission + re-admission. follow ARCH checklist upon arrival signed form + dated.	8/27/16

	Rules (Criteria)	Plan of Correction	Completion Date
	upon admission; **FINDINGS** Resident #1, no primary care giver assessment completed upon [redacted] readmission.		
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or 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; **FINDINGS** Resident #1, no progress notes of the need for and response to the following PRN medications made available as recorded in the medication record: [redacted]	Document on PRN medication record as well as on Progress Notes [redacted] If there is need for PRN medication for constipation write down date and time on medication sheet and document on the Progress Notes [redacted]	8/27/14

	Rules (Criteria)	Plan of Correction	Completion Date
	[redacted] Repeat citation (2015)		
☒	§11-100.1-7 General operational policies. (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. **FINDINGS** Resident #1, no signed agreement upon readmission.	Packets of ARCH general operational policies will be available and checked upon admission and re-admission. One copy will be handed to resident + family member. Copy was signed and dated upon agreement of policies with resident, legal guardian + care giver.	8/27/16
☒	§11-100.1-23 Physical environment. (o)(3)(A) Bedrooms: Bedroom furnishings: Each resident shall be provided for their individual use, a clean bed including spring with mattress, at least thirty six inches wide, of sufficient length and proper height for the resident and to permit an individual in a wheelchair to get in and out of bed unassisted; **FINDINGS** Bedroom #3, one (1) box spring mattress on the floor.	Call physician for verbal order + document on physician order record and progress notes as resident requested to removed bed frame. Obtained physician order on the next appt. visit.	8/27/16

	Rules (Criteria)	Plan of Correction	Completion Date
	Resident #4's height [redacted]. No physician order obtained to allow the accommodation. Please submit a copy of the physician order for an accommodation with the plan of correction.	Physician order was obtained [redacted]	

Licensee's/Administrator's Signature: Fily M. Irons

Print Name: FELY M. IRONS

Date: 8/27/16