

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lee, Emily (ARCH)	CHAPTER 100.1
Address: 95-5869 Kau Wela Place, Naalehu, Hawaii 96772	Inspection Date: March 11, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p>FINDINGS Primary care giver completed two (2) hours of the required minimum of six (6) training session hours per year. Submit four (4) training hours with the plan of correction (POC.)</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? <i>I attended in service on 3/14/15</i></p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>Will check news/ or radio ADS - for up to date classes to update on care prior to release will update inservice class.</i></p>	<p><i>3/14/15</i></p> <p><i>8/25/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> No training on how to make prescribed medication available and properly record this action. Submit completed training form for substitute care giver with your POC.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? <i>trained substitute & completed primary care give form.</i></p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u> <i>In the future will provide training as needed for sub-workers of errors.</i></p>	<p><i>8/25/16</i></p> <p><i>8/25/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> No menus available during the annual inspection.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? <i>I made a copy of my menu and posted it down stairs Residents B. Booth,</i></p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>every week too. And I want menus posted down stairs (resident area)</i></p>	<p><i>8/25/16</i></p> <p><i>8/25/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p>FINDINGS For Resident #1- <u>No observations</u> recorded in the progress notes of resident response to the following prn medications:</p> <ol style="list-style-type: none"> Physician order read, [REDACTED] [REDACTED] Medication administration record (MAR) read, [REDACTED] Physician order read, [REDACTED] MAR read, [REDACTED] 	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><i>I can not go back & correct deficiencies.</i></p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Weekly posted to program sheet; monthly complete & post on program for month.</i></p>	<p><i>correct</i> <i>8/25/16</i></p> <p><i>8/25/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS For Resident #1, incidents not reported in a timely manner.</p> <p>Primary care giver notes, related to unusual incidents, on the "PHYSICIAN/APRN RECORD" delivered to the physician during schedule appointments during [REDACTED] as follows: [REDACTED]</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? <i>I counted up back a correct their department.</i></p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>in the future I will document I-reports daily.</i></p>	<p><i>8/25/16</i></p> <p><i>9/25/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> No smoke detector battery checks during October 2014.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? I Call out of back a correct defence.</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? In the future will make releases monthly so as not to forget</p>	<p>8/25/16</p> <p>8/25/16</p>

Licensee/Administrator's Signature: Emily L. Lee

Print Name: Emily L. Lee

Date: April 28, 2015

Licensee/Administrator's Signature: Emily L. Lee

Print Name: Emily L. Lee

Date: Nov. 27, 2015

Licensee/Administrator's Signature: Emily L. Lee

Print Name: Emily L. Lee

Date: Aug. 25, 2016