

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oililua Eldercare, Inc. #I	CHAPTER 100.I
Address: 94-379 Oililua Place, Waipahu, Hawaii 96797	Inspection Date: October 23, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (b) The general operational policies approved by the department shall be explained to the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency prior to the ARCH or expanded ARCH resident's admission. A copy of these general operational policies shall be provided to all parties.</p> <p><b>FINDINGS</b> Resident #1, admitted [REDACTED], physician order dated [REDACTED] reads [REDACTED]. Facility Operational Policy <u>Resident Rights and Responsibilities (8)</u> signed on [REDACTED]; reads, "Family to be notified and a written consent obtained for use of restraints." However,</p> <ol style="list-style-type: none"> <li>1. No documentation of family notification or written consent to use [REDACTED].</li> <li>2. No policy for [REDACTED] use and no weekly physician orders for [REDACTED] available.</li> </ol> <p>Please submit documentation for a "Restrain Use" policy with the plan of correction (POC).</p>	<p><b>-Family was notified and written consent was obtained to use [REDACTED] up as ordered by physician.</b></p> <p><b>-Weekly physician order to use [REDACTED] up was obtained.</b></p> <p><b>To prevent from similar deficiency in the future, I have assigned my substitute caregiver to double check the completeness of all documentation/records/orders.</b></p>	<p><b>11/01/2015</b></p> <p><b>11/1/2015</b></p>

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☒	<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><b>FINDINGS</b> First aid kit, no disposable probe covers for thermometer.</p>	<p><b>- Disposable probe covers replaced-</b></p> <p><b>- To prevent similar deficiency in the future, I made a weekly "list to do/check " as my guideline, I have assigned my sub care giver to double check my list as well.</b></p>	10/24/2015
☒	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><b>FINDINGS</b> Storage area for resident records, unsecured:</p>	<p><b>-Storage cabinet purchased , residents records placed and secured.</b></p> <p><b>-To prevent similar deficiency in the future, I have assigned all my substitute caregivers to check all resident records are secured.</b></p>	10/30/2015
☒	<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><b>FINDINGS</b> Resident #2 was not listed in the [REDACTED] resident register.</p>	<p><b>-Resident #2 was added in the resident register.</b></p> <p><b>-To prevent similar deficiency from recurring, I have assigned my sub care giver to double check my documentation for completeness.</b></p>	10/23/2015
☒	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of compliance with the department's uniform tuberculosis policy;</p>		

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	<p><b><u>FINDINGS</u></b> Resident #1, incomplete tuberculosis skin test upon admission. Please submit documentation for a two (2) step tuberculin skin test with your POC.</p>	<p>[REDACTED]</p> <p><b><i>-To prevent from similar deficiency in the future I will utilize my admission checklist .</i></b></p>	<p><b>11/19/2015</b></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-88 Case management qualifications and services, (c)(1) 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 a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><b><u>FINDINGS</u></b> Resident #1, admitted on [REDACTED]. Case manager's comprehensive assessment dated, [REDACTED] completed three (3) days after the resident's admission.</p>	<p><b><i>-To prevent similar deficiency in the future, I will notify the case manager prior to admission to conduct a comprehensive assessment on the resident prior to admission.</i></b></p>	<p><b>10/23/2015</b></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-88 Case management qualifications and services, (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</p>		

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	<p>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><b>FINDINGS</b> Resident #1, admitted on [REDACTED], no interim care plan [REDACTED] following admission. Care plan dated [REDACTED].</p>	<p><i>-To prevent from similar deficiency in the future, I will add in my admission checklist to notify the case manager ahead of time to do assessment and care plan on the resident .</i></p>	<p>10/23/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b>FINDINGS</b> [REDACTED]</p>		

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		<p>Care plan corrected by case manager following physician order [REDACTED]</p> <p>- To prevent similar deficiency in the future, I will double check care plans for accuracy based on physician order. [REDACTED]</p> <p>-To prevent similar deficiency in the future, I will let my substitute caregiver double check that all call system is accessible to resident.</p>	<p>11/3/2015</p> <p>10/23/2015</p>

Licensee's/Administrator's Signature: \_\_\_\_\_



Print Name: \_\_\_\_\_

GERARDO TENORIO

Date: \_\_\_\_\_

8/3/2016