## Office of Health Care Assurance

## State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: RCH – Popolo Place (DDDH)	CHAPTER 89
Address: 99-193 Popolo Place, Aiea, Hawaii 96701	Inspection Date: June 21, 2016 Annual

Rules (Criteria)	Plan of Correction	Completion Date
\$11-89-18 Records and reports. (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:  Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;  FINDINGS	11-89-18(b)(2): The Parent Counselor and the Nurse updated the records to reflect why the treatment was administered and the response of Resident #1. The Parent Counselor and Nurse were reminded of the requirement. Procedures were revised to provide oversight and ensure compliance is met for the standard.	

Rules (Criteria)	Plan of Correction	Completion Date
was applied and resident's response to the treatment.	11-89-18:Records and reports (b)(2): The Nurse will be notified by the Parent Counselor when applying prescribed treatment to the Individual. The Parent Counselor will document on the treatment record and enter the results of the treatment in the Interdisciplinary Team Progress Record (IE). The Nurse will review the treatment records and IE during monthly on-site visits to the home. The Nurse will also notate on the draft of the 90 Day Update form to ensure consistency and effectiveness of current treatment orders. The Parent Counselor was in-serviced on the treatment and documentation requirements and the follow up that will be done if compliance is not met by the Nurse and the Director of Program Operations The Director of Program Operations and/or the Service Supervisor will provide	J

additional oversight by reviewing the documentation of participant records on a quarterly basis to ensure compliance.

> President & Chief Executive Licensee's/Administrator's Signature: Print Name: W. Michael Lee, President & Chief Executive Date:

Licensee's/Administrator's Signature:

Print Name: W. Michael Lee, President & Chief Executive Officer

Date: 9/14/16