

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jamandre, Evangeline G. (ARCH/ Expanded ARCH)	CHAPTER 100.1
Address: 2030 Uhu Street, Honolulu, Hawaii 96819	Inspection Date: January 9, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b>FINDINGS</b> Substitute care giver #3 No documentation of a chest x-ray following the positive PPD 3/28/00. <b>Submit a copy with the plan of correction.</b></p>	<p>Acquired chest XRay. I made entry on my calendar check every 2 mos. If cannot get it, the substituted caregiver will not contact resident until they get it.</p>	1.15.15
<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><b>FINDINGS</b> Current menus not posted in kitchen.</p>	<p>Posted menu in the kitchen. In the future, I will check the menu in the kitchen every other day. If it is not there I will post it immediately</p>	1.15.15 17 JAN 18 P1:13

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><b>FINDINGS</b>            Resident #1 found at the bedside, found on kitchen table, expired aid kit, and on dining table. in first</p>	<p>Placed medicines in proper storage. Disposed of expired medicines.            In the future, whenever I finished with meds. I will store meds properly after each use. I will check expiration of each meds every month. If expired I will dispose properly.</p>	<p>1.15.15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e)            All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b>            Resident #1 being given at noon and in the evening without verbal or telephone order recorded. No physician order for</p>	<p>Acquired signed order from physician. In the future whenever I take a telephone order, I will document immediately and counter sign by physician at the next appointment.</p>	<p>1.15.15</p> <p>17            JAN 18 P1:11</p>

Licensee's/Administrator's Signature: Evangelina Jamandre

Print Name: EVANGELINE G. JAMANDRE

Date: January 13, 2017

NOTE:

I am very sorry I forget to mail it. Thank you for understanding just found it now.  
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 Evangelina

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u>  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b>FINDINGS</b>  Resident #1 White out on transcribed verbal orders for September 30, 2014, November 15, 2014.</p>	<p>PCG and SCG reviewed together about policies on records and reports to make sure it will be followed through and avoid the same mistake in the future.  A reminder is placed to residents record - "No white out"</p>	<p>5.18.15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities. (a)(1)(C)</u>  Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p>	<p>PCG and SCG reviewed together the ARCH policy. Rights and responsibilities of residents, monthly charge is highlighted to make sure it will not be missed on future admission.</p>	<p>5.18.15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> Resident #1 Monthly charge not specified in signed resident's policies and rights document.</p>	Resident's monthly charge is specified in resident's policies and rights	5.18.15
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b>FINDINGS</b> Resident #1 No pneumococcal immunization documentation on admission.</p>	<p>PCG and SCG received / educated re: Admission requirements A checklist is placed in all charts to be followed on admission to make sure nothing is missed Pneumonia record is not</p>	5.18.15

available both primary care physician & gerontology physician  
PNA vaccine is given today.

Licensee/Administrator's Signature: Evangeline G. Jamandre

Print Name: EVANGELINE G. JAMANDRE

Date: 5.18.15