

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Golden Age Health Care	CHAPTER 100.1
Address: 94-1141 Lumiauau Street, Waipahu, Hawaii 96797	Inspection Date: March 20, 2017 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 no list of possessions or valuables in record.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">I counted all of Resident #1 Clothings and Valuables and recorded it. A copy is enclosed</p>	<p style="text-align: center;">3/24/17</p> <p style="text-align: center;">P2:02</p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> RULE # §11-100.1-17 (a)(8)	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will count all of new admissions' clothings and valuables and record it in the Resident Clothings and Valuables on the day of admission. I will update on the day after clients' birthday and christmas and anytime he gets new clothes or valuable.</p> <p>I will make the calendar and will advise substitute caregiver to double check for me if it is updated on the month I am for marked in the calendar.</p>	<p>3/24/17</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><u>FINDINGS</u> Resident #1 progress notes do not address how resident tolerated diet or medications on a monthly basis.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>P2:03</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (b)(3)	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will write how residents been eating and following the diet and also medications - routine, new + as needed medrxn.</p> <p>I will use the Progress Notes and Narrative Notes form provided by OETA. In here it allows me to answer most of the things needed in a complete progress notes. Will use the Narrative notes form for other NP visits, new order/medications + other happenings that is important in clients care.</p>	3/27/17

Licensee's/Administrator's Signature: *Marieta R. Picard*
Print Name: MARIETA R. PICARD
Date: 3/22/17

Administrative
P2:03