

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Serenity Hawaii Carehome	CHAPTER 100.1
Address: 94-559 Apii Place, Waipahu, Hawaii 96797	Inspection Date: January 11, 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
☒	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p>	
	<p><u>FINDINGS</u> Resident #1 - "Regular mechanical soft 1/2 inch" ordered 2/9/16; however, the resident was served a tuna sandwich, soup and 1 1/2 inch cubes of watermelon.</p>	<p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>What I did to correct this deficiency is Follow the Doctors orders and feed the Resident #1 Regular mechanical soft 1/2 inch as ordered. This deficiency was corrected on 1/11/17.</p>	<p>LE 2-9-17 1-11-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-13(1)	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>what: will do to make sure that this deficiency never happens again. I will follow the doctors diet orders and if I have any question I can call my Registered Dietician that is provided to me by the DOH.</p>	2-9-17

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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 report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 - No documentation of physical examination and two-step tuberculosis clearance at the time of admission 3/19/16.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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><i>I corrected this deficiency by calling Resident #1 doctor to make appt for 4 month check-up and at this time I will request a copy of P.E. Add 2 step TB. for admission on 3/19/16</i></p>	2-9-17

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-17(a)(4)	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>What i will do to make sure that this deficiency never happens again. I will use the admission check list that is provided to me by the DCH. I will also have my substitute care giver Follow-up and check too.</p>	2-9-17

	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 did not include observations of the resident's tolerance and need for "Ensure 1 can po 3x/day as needed" ordered 9/30/16. Ensure has been given 1-2 times per day. Primary care giver stated Ensure is given based on intake.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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><i>I corrected this deficiency by charting in the progress note observations of resident #1 tolerance and need for ensure. This deficiency was corrected on 1/11/17.</i></p>	<p style="text-align: center;"><i>2-9-17</i></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</p> <p style="text-align: center;"><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>What i will do to prevent this deficiency from ever happening again is to Chart in the progress note the reason and how well that resident #1 tolerate Ensure. If I have any question about Charting on Ensure or any diet question I can call my registered Dietician that is provided to me by the DOH.</p>	2-9-17

Licensee's/Administrator's Signature: Lawrence Evans

Print Name: LAWRENCE EVANS

Date: 2-9-17