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Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

HAWAII

Facility's Name: Hawaii Kai ARCH	CHAPTER 100.1
Address: 308 Kuliouou Road, Honolulu, Hawaii 96821	Inspection Date: February 8, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS</p> <ol style="list-style-type: none"> Resident #1 last physical examination (PE) completed 9/26/14, no current PE in record. Submit a copy of a current PE with your plan of correction. Resident #1 last tuberculosis test 6/26/14 with no results listed. No current TB test or attestation in record. Submit a copy of a TB test with results or an attestation and proof of positive TB. 	<p>PHYSICAL EXAMINATION WAS SCHEDULED AND DONE BY RESIDENT'S PRIMARY PHYSICIAN ON 3-10-2016 AND A COPY WAS ATTACHED. IN THE FUTURE, I WILL MARK MY CALENDAR TO REMIND ME WHEN THE RESIDENT IS DUE FOR ANNUAL PHYSICAL EXAMINATION.</p> <p>2. I ASKED THE DOCTOR FOR DOCUMENTATION OF A POSITIVE TB TEST FOR MY RESIDENT (6-16-14) AS WELL AS A CORRECTION OF THE READING DATE WITH AN ATTESTATION FORM. ALL COPIES ARE ATTACHED.</p> <p>IN THE FUTURE, I WILL KEEP MY CALENDAR UPDATED WITH THE DATE FOR THE ANNUAL RE-EVALUATION OF THE TB RISK ASSESSMENT. I WILL MAKE SURE TO CHECK MY CALENDAR DAILY TO MAKE SURE IT'S UPDATED. ANY OFFICIAL DOCUMENTS PROVIDED TO ME REGARDING MY RESIDENTS WILL BE ASSESSED FOR ANY INACCURACIES TO PREVENT ANY FUTURE ERRORS.</p>	<p>3-11-2016</p> <p>4-29-14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS Resident #1 physician notes state that resident went to the emergency room (ER) on 1/25/16 with complaints of chest pain. No incident report generated for ER visit.</p>	<p>I WILL MAKE SURE THAT ALL MY STAFF AND I WILL KNOW TO CREATE A REPORT FOR ANY UNUSUAL INCIDENTS THAT AFFECT MY RESIDENT'S HEALTH. ANY INCIDENT THAT INVOLVES A VISIT TO THE EMERGENCY ROOM OR WHEN FURTHER ASSISTANCE IS NEEDED FOR A COMPLAINT ABOUT THE RESIDENT'S HEALTH: A REPORT WILL BE MADE DETAILING THE CIRCUMSTANCES THAT LEAD TO THE INCIDENT, WHAT ACTIONS WERE DONE TO AID THE RESIDENT, WHO WAS NOTIFIED, AND IF THERE IS A CHANGE IN THE RESIDENT'S HEALTH OR IF FURTHER ASSISTANCE IS NEEDED.</p>	<p>4-29-2016</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p>FINDINGS Resident #1 possessions last updated on admission 10/1/14, possession not updated yearly to remain current.</p>	<p>INVENTORY OF RESIDENT'S BELONGINGS WAS DONE 2-10-2016. I WILL BEGIN TO KEEP AN ANNUAL RECORD OF EACH RESIDENT'S POSSESSIONS AND WILL MARK MY CALENDAR TO REMIND ME WHEN INVENTORY TO BE DONE EACH YEAR.</p>	<p>3-11-2016</p>

Licensee's/Administrator's Signature: Belarmina Rol

Print Name: BELARMINA ROL

Date: 3-11-2016

Licensee's/Administrator's Signature: Belarmina Rol

Print Name: BELARMINA ROL

Date: 4-29-2016