

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: House of Aloha	CHAPTER 100.1
Address: 86-569 Paheehee Road, Waianae, Hawaii 96792	Inspection Date: February 2, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 – No level of care prior to admission.</p>	<p><i>resident # 1 in the future we have to utilize admission checklist to ensure proper documents are submitted prior to admission.</i></p>	<p><i>07-16-15</i></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>Resident # 1 make sure that in the future all over the counter medication label must follow what is written in</p>	
	<p>FINDINGS Resident #1 - "Vitamin D 800 IU 1 tab po QD" ordered 1/21/16; the label reflected "Vitamin D 800 IU Take 2 tabs po QD." The manufacturer's label noted "400 IU" tabs.</p>	<p>the physician order, or if not sure call the physician to verify the to order.</p>	<p>02-02-16</p>
		<p>In the future I will read manufacturers label carefully. Compare and double check to make sure the label match with the physician order and that the physician order match what is written in the medication record and they all be written the same.</p>	<p>04-12-2016</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1 – No signed physician orders for medication at the time of admission.</p>	<p>Resident # 1 In the future I will double check the admission checklist and to make sure that all orders for medications are signed by the physician prior to admission.</p>	<p>02-02-16</p>
<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 reflect the resident's need for and response to "PRN Seroquel" taken nightly by the resident and intermittently in the morning.</p>	<p>Resident # 1 In the future I will write on the monthly progress notes any observations and resident's response to any medications and PRN medications.</p>	<p>02-02-16</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 – No incident report for unwanted physical contact made by the resident toward the primary care giver on January 15, 2016.</p>	<p><i>Resident # 1</i> <i>To make sure that in the future, to make an incident report about any physical contact made by the resident within the home or premises. Make sure to call resident physician or APRN if deemed medical care is necessary. Incident report should be made available to authorized personnel if needed.</i></p>	<p><i>02-02-16</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident #1 – No self-preservation certification at the time of admission (6/30/15). Certification dated 7/27/15 noted the resident “is not capable of following directions...”</p>	<p><i>Resident # 1</i> <i>To utilize the admission checklist prior to admission. That each resident have self-preservation certification signed by the physician at the time of admission. Take note of those resident/s who are not capable of following directions in case of emergency situation may arise.</i></p>	<p><i>07-27-15</i></p>

Licensee's/Administrator's Signature: *Ermaelinda*

Print Name: Ermelinda Tagnipez

Date: 03-20-2016

Licensee's/Administrator's Signature: *Ermaelinda*

Print Name: TAGNIPEZ, Ermelinda

Date: 04-12-2016