

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Paguirigan, Marietta (ARCH/Expanded ARCH) | CHAPTER 100.1 |
| Address: 4007 Keaka Drive, Honolulu, Hawaii 96818 | Inspection Date: February 10, 2016 Annual |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|---|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS Resident #1 no signed financial statement in record stating who will be responsible for resident funds.</p> | <p>Discussed the financial statement agreement with family. Mailed the financial agreement form to Resident # 1 legal guardian on March 2, 2016.</p> <p>In the future, I will use my checklist to ensure that all the forms needed during admission are discussed and signed by family or legal guardian.</p> | 2/12/16 |
| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> | <p>Case manager was informed about the re-admission assessment that is supposedly done during the re-admission of Resident # 1.</p> | 2/10/16 |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|---|---|-----------------|
| | <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p>FINDINGS Resident #1 was discharged in July 2015, and re-admitted September 19, 2015. No re-admission assessment completed by case manager.</p> | <p>In the future, I together with my SCG will use the checklist to make sure that re-admission assessment form will be completed by CM during re-admission.</p> | |
| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p>FINDINGS Resident #1 no evidence that care plans/service plans reviewed monthly by case manager.</p> | <p>CM was informed about reviewing and putting initial and date every month on the Resident's Service plan. In the future, I will write on my calendar to remind CM to review, initial and date service plan every month. SCG will help me to remind CM about this matter. Before CM leaves the home, I will double check if service plan is initiated and dated by CM.</p> | 2/11/16 |

Legend: CM = Case Manager

Licensee's/Administrator's Signature: Marietta Paquirigan

Print Name: MARIETTA PAQUIRIGAN

Date: 3/7/16