

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lucas, Priscilla (ARCH)	CHAPTER 100.1
Address: 1560 Kealia Drive, Honolulu, Hawaii 96817	Inspection Date: January 26, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u>-(a)(4) General operational policies of an ARCH or expanded ARCH shall be submitted by the applicant in writing to the department prior to licensure and shall include, but shall not be limited to:</p> <p>Visiting hours;</p> <p>FINDINGS Resident #1 Signature page only, no attached general operating policy describing visiting hours.</p>	<p>To ensure that the family on Power of Attorney are informed, understood and consented to the P.V. Lucas General Operational Policy, two copies are made, one for the family on POA and one will always be in the client's chart signed and dated.</p>	<p>3-1-16 General operational Policy for Res #1 has been replaced with a new one. Visiting hours has been written</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that</p>	<p>insert page for Plan of correction</p>	<p>3-1-16</p>

	<p>resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p>FINDINGS Resident #1 Signature page only, no attached general operating policy describing rights.</p>	<p>A General Operational Policy is provided, read, understood and signed by the family or POA of the client. The complete GOP for specific client is in the folder of the client's binder</p>	<p>3-16-16 General Operational Policy on Residents Right has been attached to signature page</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS Substitute Care Givers #1, #2 No documentation of training by primary care giver to make medications available and document such action.</p>	<p>Before hiring a new substitute I will train him/her emphasizing the 5 R's of medication administration and documentation</p> <p>If s/he has no training I won't be able to hire him/her as a substitute.</p>	<p>10/1/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1 No signed, every four month medication order re-evaluation due 1/15/16.</p>	<p>For medications re-evaluation. I will check my appointment book or calendar daily.</p> <p>If I missed res. apt I'll bring the resident to the Lic's office the following day.</p>	<p>10/1/16</p>
<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</p>		

	<p>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>FINDINGS Resident #1 No valid TB clearance, TB attestation only, No documentation of positive PPD, chest x-ray.</p>	<p><i>From now on, before admitting a client I will ensure that proper documentation of TB test or CXR are written and documented and will be on the clients chart or record.</i></p>	<p>3-20-6 Obtained a copy of resident TB test result of 0.00 mm on 11/29/2017</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Resident #1 not entered in resident register; resident register not maintained.</p>	<p><i>On admission or discharge I will write in the registry right away and also when a res. is discharge. I will do a daily checklist in my registry.</i></p>	<p>10/1/14</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p>FINDINGS Resident #1 weight gain of seven pounds between 3/15 and 4/15, no documentation change in physical condition reported to physician. Weight loss of five pounds between 4/15 and 5/15, no documentation change in physical condition reported to physician.</p>	<p><i>99 or 65.2 + 3 lbs or - 3 lbs 99 lbs or less. If there is a wt. loss of 3 lbs or wt gain of 3 lbs. I will report to the Dr. right away and follow his order and I will document the report. 100 lbs or more. If there is a loss or gain of 5 lbs I will report to the Dr. ASAP and document the report.</i></p>	<p>10/1/14</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 Signature page only, no attached general operating policy describing specific rates for services.</p>	<p>A complete set of General Operational Policy of the P.V. Lucas ARCH is now in place at every resident's record or chart. The GOP are all read, understood and signed by the family or POA.</p>	<p>3-1-16th Acadg 2015.4 at Hale Home the res. Applied for SSI and waiting for approval. CHD doesn't know the rate for SSI resident at that time</p>
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Licensee's/Administrator's Signature: Priscilla V. Lucas

Print Name: PRISCILLA V. LUCAS

Date: 5-22-2016

Licensee's/Administrator's Signature: Priscilla V. Lucas

Print Name: PRISCILLA V. LUCAS

Date: 8-19-2016

Licensee's/Administrator's Signature: Priscilla V. Lucas

Print Name: PRISCILLA V. LUCAS

Date: 10/1/16