

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sweet Haven EARCH	CHAPTER 100.1
Address: 98-1274 Hoohuali Place, Pearl City, Hawaii 96782	Inspection Date: December 7, 2016 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.

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Resident #1 no evidence of care plan reviewed with PCG for February, May, September and November 2016 in record.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-88 (c)(3)	<p style="text-align: center;">PART 2 <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>I had spoken with my case manager that we will review care plan noting down date of review and signed by CO + case manager, to be done monthly or whenever is necessary.</p>	12/7/2016

Licensee's/Administrator's Signature: AFM
Print Name: BERNARDO FOGATA
Date: JOC 19-2016