

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: TLC Ohana Hale, Inc.	CHAPTER 100.1
Address: 99-019 Kealakaha Drive, Aiea, Hawaii 96701	Inspection Date: August 26, 2016 Annual

IMMEDIATE ADVISORY

POSTING OF DEFICIENCIES AND PLANS OF CORRECTIONS

If you fail to submit a plan of correction (POC) within ten (10) working days of receipt of your Statement of Deficiencies (SOD): Your SOD will be posted on the Department of Health (DOH) website with the following statement:

"POC NOT RECEIVED AS OF <DATE>"

If you initially submit an unacceptable POC (UPOC), you have ten (10) working days to submit an acceptable POC. If the revised POC is still unacceptable, your SOD will be posted on the DOH website with the following statement:

"POC NOT ACCEPTABLE"

If you initially submit an unacceptable POC (UPOC), but you fail to submit a revised POC, your SOD will be posted on the DOH website with the following statement:

"POC NOT ACCEPTABLE"

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	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, admission documentation of level of care dated 5/20/16 indicates ICF level of care, however licensee informed me that resident's actual level of care is ARCH level of care.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>OBTAINED LEVEL OF CARE THAT REFLECTS ARCH LEVEL OF CARE FROM MD. SUBMITTED WITH PLAN OF CORRECTION.</p>	<p>9/14/16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # §11-100.1-10 (a)	<p style="text-align: center;"><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 style="text-align: center;">IN THE FUTURE I WILL USE THE ADMISSION CHECKLIST AND MAKE SURE I DON'T EXCEED LICENSED CAPACITY . IF THE ADMISSION EXCEEDS THE CAPACITY I WILL NOT ADMIT</p>	9/14/16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 admission documentation of self-preservation dated 5/20/16 signed by physician reflects resident is ambulatory but not-self-preserving. Documentation that resident is self-preserving obtained after admission on 7/15/16.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>N/A</p>	<p>9/14/2016</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # §11-100.1-23 (g)(3)(I)	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I MISREAD THE SELF PRESERVATION TO BE SELF PRESERVING. IN THE FUTURE I WILL BE CAREFUL & MAKE SURE THAT I HAVE MY READING GLASSES. & MAKE SURE THAT I DON'T EXCEED 2 CAPACITY OF NON-SELF PRESERVING CREDIT -</p>	9/14/16

Licensee's/Administrator's Signature: Alison M Com

Print Name: LILIBETH CAJIA

Date: 9/14/16