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Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: United Family Care Home, LLC	CHAPTER 100.1
Address: 1328 Molehu Drive, Honolulu, Hawaii 96818	Inspection Date: May 10, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS Primary care giver has physical examination (PE) completed but not dated. Unable to tell when PE was done. SUBMIT DATED COPY WITH YOUR PLAN OF CORRECTION (POC).</p>	<p>On May 11 2016, brought undated P. E form to MO office to be dated with my actual P.E date 2/17/16.</p> <p>In the future will use checklist to review documents 2 months prior to inspection dated PE copy submitted</p>	5/11/16
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid;</p>	<p>SCG # 3 had FA done on 5/6/16 Unfortunately copy of FA cert. not on chart during inspection 5/10/16 FA cert. obtained 5/15/16 placed copy on chart and copy submitted.</p>	

From here forward, will verify documents using calendar or reminder 2 months prior to inspection

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS Substitute care giver (SCG) #3 no current first aid certification on record. PROVIDE COPY WITH YOUR POC.</p>	<p><i>see answer page #1</i></p>	<p><i>5/15/16</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS SCG #3 no current cardiopulmonary resuscitation (CPR) certification on record. PROVIDE COPY WITH YOUR POC.</p>	<p><i>SCG #3 had CPR done on May 6, 16. Unfortunately copy of CPR not on chart during inspection. Copy obtained on 5/15/16 placed on chart copy submitted.</i></p> <p><i>In the future, will we calendar to verify all documents & make pres to inspection.</i></p>	<p><i>5/15/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Tube of Neosporin ointment with expiration date of 08/2015 in the first aid kit.</p>	<p>Will remind family members not to mix or place medicine in clients Fractain kit. Staff to inspect First Aid kit weekly - Place note on med cabinet</p>	<p>May 10 2016</p>
		<p>Neosporin removed at once Day of inspection. Will remind family members not to mix family medicine at clinic med cabinet. Reminded of no Neosporin on cabinet placed</p>	<p>5/10/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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</p>		
	<p>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>FINDINGS Resident #1 no progress notes in record for 5/2015 thru 7/2015.</p>	<p><i>In the future will review chart closely-monthly to document monthly and transfer appropriate document when finishing chart. Staff to help review chart. State to help on calida by Refugate</i></p>	<p><i>May 10, 2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. SCG #1 short eight (8) hours of continuing education (CEU) hours. SUBMIT EIGHT (8) HOURS OF CEU'S WITH YOUR POC. 2. SCG #2 short two (2) hours of CEU's. SUBMIT TWO (2) HOURS OF CEU'S WITH YOUR POC. 	<p>SCG #1 - As soon as inspection on 5/10/16 done, CE classes arranged with Ms. Maile Hansen to be done 2 consecutive Saturdays to satisfy requirements May 28 and June 4, 2016. 8 CE credits obtained, completed by SCG #3. Copy submitted.</p> <p>SCG #2 Completed, obtained CE credits 20 on May 28 and June 4, 2016 to satisfy requirements. Copies placed in chart, copy submitted.</p>	
	<ol style="list-style-type: none"> 3. SCG #3 short eight (8) hours of CEU's. SUBMIT EIGHT (8) HOURS OF CEU'S WITH YOUR POC. 	<p>SCG #3 - Completed + obtained 8 CE credits on May 28 and June 4, 16. Copies placed in chart, copy submitted.</p>	

For SCG #1 - In the future from here on, will plan ahead ^{all SCG} SCG #1, SCG #2 } monthly using calendar to obtain CE credits, totaling 12 hrs for the entire year to satisfy requirements. Total ⁽²⁾ months prior to inspection; if SCG's have not fulfilled 12 CE credits, will arrange continuing education (CE) classes for them.

United Family Care Home
1328 Kalia Dr.
Honolulu, HI 96811

Answers to deficiencies #3. 11-100-7-83

1. SCG #1 - As soon as inspection on 5/10/16 done continuing education classes arranged with Ms Maile Hasebe to be done May 28 or June 4 2016 to satisfy requirements.

SCG #1 - completed and obtained 8⁰ CE credits. To complete 12⁰ CE credits. Copy filed in chart and copy submitted. (On the) From above on will remain SCG using the calendar to obtain CE credits totaling 12⁰ for the year to satisfy requirements.

If not fulfilled, 2 months prior to inspection, will arrange CE classes for SCG #1. in time for inspection.

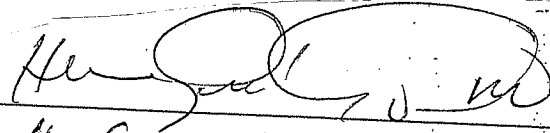
Her Fred Ford

SCG #2 - attended, completed 2⁰ CE credits
 on May 28 and June 4 2016 with the
 scheduled CE class with mail forward
 copy placed in chart - copy submitted
 from here forward will remain SCG4
 monthly using the calendar to obtain CE credits
~~totaling~~ totaling of 12⁰ / year to satisfy
 requirements.
 If not fulfilled 2 months prior to
 inspection - will arrange CE class for
 SCG #2 in time for inspection.

SCG #3 - attended, completed 8⁰ CE credit
 on May 28 and June 24 2016 with
 the mail forward to satisfy requirement.
 From now on, will remain SCG monthly,
 using the calendar to obtain total of
 12 hrs CE credit for the year to satisfy
 requirement.
 If not fulfilled 2 months
 will arrange CE class for SCG #3
 in time for inspection.

Allen G. T.

Licensee's/Administrator's Signature:



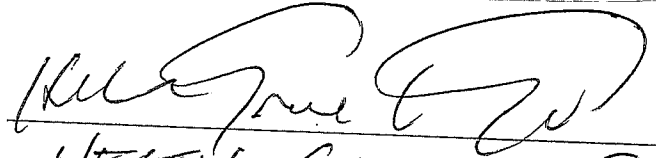
Print Name:

Helen Grace V. Gow

Date:

6/24/16

Licensee's/Administrator's Signature:



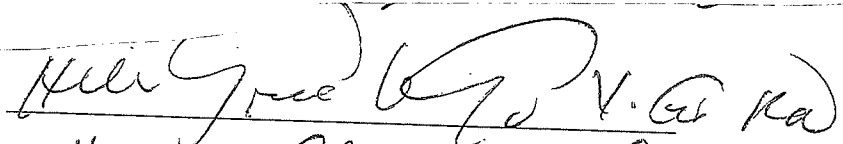
Print Name:

HELEN GRACE V. GOW

Date:

7/4/16

Licensee's/Administrator's Signature:



Print Name:

HELEN GRACE V. GOW

Date:

8/5/16