

Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE

Facility's Name: Yaying House	CHAPTER 100.1
Address: 3285 Olu Street, Honolulu, Hawaii 96816	Inspection Date: March 17, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 - "Levothyroxine" label noted "Do not take antacids, calcium or iron within 4 hours of taking this drug." The medication record reflected "Levothyroxine is taken at 6:30 a.m. and "calcium" is taken at 7:30 a.m.</p>	<p>That's true! Very sorry for the mistake! After my inspector point out the deficiency, I change "Calcium" to be taken at 11:30 for Resident #1. In the future, I'll read the label on medicine's bottle carefully, in order to follow the rule or regulation on Chapter 100.1. (Please see attached medication record on May 2016)</p>	03/18/2016
<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 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</p>	<p>That is true! it was my mistake. After my inspector point out the deficiency, I put "Late Entry" in Resident #1's progress note to write down the notice of discharge prior to see eye doctor and response after eye drop ordered by eye doctor.</p>	03/18/2016

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>when any incident occurs;</p> <p>FINDINGS Resident #1 – Progress notes did not reflect observations of eye discharge prior to conjunctivitis diagnosis on 4/27/15 and response to treatment with “tobramycin eye drops”.</p>	<p>In the future, I'll pay close attention to write down all the observation of condition change, illnesses etc., including date, time, action taken, results after treatment right away. I'll do my best to follow the regulation of chapter 11-100.1. (please see attached progress note)</p>	
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Resident #1 – The “Alteration in Mobility” care plan was not updated to reflect the resident is wheelchair dependent.</p> <p>Resident #1 – The “Potential for Injury – Falls: actual” care plan was not updated to reflect use of a clip alarm at night.</p> <p>Resident #1 – No care plan for alteration in comfort due to left knee pain for which she receives pain medication once or twice a day.</p>	<p>case manager of Resident #1 come to update the “Alteration in Mobility” care plan to reflect the resident is wheelchair dependent; she also updates the care plan of “Potential for Injury – Falls” to reflect use of a clip alarm; she makes the care plan for Alteration in Comfort due to knee's Osteoarthritis pain (see attached)</p> <p>In the future, I'll read plan of care carefully and make sure resident's care needs, service and/or interventions all updated in care plan in order to follow the regulations.</p>	<p>3/29/16</p> <p>3/29/16</p> <p>3/29/16</p>

Thank my inspector to point out the deficiencies for me!

Licensee's/Administrator's Signature:

[Handwritten Signature]

Print Name:

Yaying Liu

Date:

3/29/2016