

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Adult Res Care Home	CHAPTER 100.1
Address: 1654 Hauiki Street, Honolulu, Hawaii 96819	Inspection Date: March 1, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
2	<input checked="" type="checkbox"/> §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: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. FINDINGS Substitute care givers #3, #4 No documentation of training by primary care giver to make medications available and document such action.	I trained my substitutes Care givers #3, #4. And documented the training.	Aug - 2, 2016

In the future I need to make sure that before I use a substitute care giver, I'll train them first to make medications available & to use the book up document paper, training paper that indicates that they pass the training before I use them. And this document be found on the chart care home folder record. If no document training done - I'll not use them as a substitute care givers - (document) has been destroyed.

<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS "Sting aid" expired 5/09 and Neosporin expired 8/14 found in first aid kit.</p>	<p>The reason why there's a medications in my first aid kit is there's a medications inside when I brought it. In the future I will remove all the meds. inside the first aid kit before I will use it.</p>	<p>Aug. 2, 2016</p>
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I already disposed the above expired medications.

	Rules (Criteria)	Plan of Correction	Completion Date
<p>→ <input checked="" type="checkbox"/></p>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p>FINDINGS Resident #1 No documentation of annual flu vaccination (No original documentation, No signature on provided documentation).</p> <p>Resident #1 No documentation of pneumococcal immunization (No original documentation, No signature on provided documentation).</p>	<p>The reason why I didn't get the documentation of immunization is because I didn't check before I admit. In the future I will check before admitting. If I don't have the documentation I will not admit.</p> <p>Resident discharged already Aug - 2, 16.</p>	<p>Aug - 2, 2016</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p>FINDINGS Resident #1 No documentation of training identified as</p>	<p>- In the future, before I will use a substitute care giver I need to make sure that there is a document training by the RN/CM.</p> <p>If no more training done by CM I will not use them as care givers. SCG #2, #3, #4 Resident has been discharged</p>	<p>4/5/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	specific to the expanded ARCH level of care resident by case manager for substitute care givers #2, #3, and #4 (Oral medication, Tylenol, Vicodin, MOM, Ambien, Infection Control, Falls Precautions, Aspiration Precautions, Food Pyramid, and Skin Care).		

Licensee's/Administrator's Signature: Debra G. Laurina
 Print Name: Debra G. Laurina
 Date: Aug - 30, 2016

Licensee's/Administrator's Signature: Debra G. Laurina
 Print Name: DEBRA G. LAURINA
 Date: Aug - 2, 2016