

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
 DEPARTMENT OF HEALTH
 OFFICE OF HEALTH CARE ASSURANCE
 1600 KALANOAU DRIVE
 HONOLULU, HAWAII 96821
 TEL: (808) 586-2500

Facility's Name: Aina Haina ARCH	CHAPTER 100.1
Address: 237 East Hind Drive, Honolulu, Hawaii 96821	Inspection Date: January 26, 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> (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 PCG & SCG – The American Academy of CPR & First Aid, Inc. Online training for cardiopulmonary resuscitation (CPR) did not have the hands-on/demonstration component. Submit copies of CPR classroom training.</p>	<p>I & SCG already completed the CPR & First Aid (copy attached) In the future, I will make sure that PCG & SCG the CPR & First Aid be currently certified in cardiopulmonary resuscitation have the hands-on/demonstration component.</p>	02/16/2016

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p>FINDINGS Resident #1 – No signed physician orders for “amlodipine 25 mg Take 2 tabs po QD”, “multivitamins Take 1 tab po QD” and “ondansetron 4 mg 1-2 tabs po every 8 hours prn nausea/vomiting” at the time of admission (8/20/15). The medications were reflected on the August 2015 and September 2015 medication records.</p>	<p>on my next MD visit I will ensure to have these 3 meds (Amlodipine, multivitamins, and ondansetron) will be signed by MD and will be annotated on "Physicians orders" as late entry admission corrections). I will also let the Case Manager regarding this matter, so my case manager makes appropriate entry on her care plan. In the future, I will make sure that all medications shall be signed by MD/Nurse Practitioner upon admitting a client to my carehome - I will start utilizing the DOH "Admitting new client checklist", the checklist itself tells what to check or needs to know when admitting new client; nice tool to have. Also, I will make it happen that all my clients' medications shall be updated every MD visits, and notified Case manager for expanded care client for any changes on medications.</p>	<p>03/17/2016</p>
<input checked="" type="checkbox"/>	<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 Nutrition and/or Hydration care plan intervention reflected “Regular Low Salt” diet; however, “Regular” diet ordered 8/30/15 (admission) and 12/2/15.</p>	<p>I informed my case manager of this finding. My case manager amended the plan of care to reflect the correct diet order from October 21, 2014 through January 2015 “Regular Low Salt” diet to “Regular” diet.</p> <p>I made a correction on care plan, changed “Regular low salt” diet to “Regular” diet. In the future, I will make sure update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions. I will communicate and discuss all changes in M.D. order with my case manager. My case manager will review my monthly progress notes.</p>	<p>03/17/2016</p>

Licensee's/Administrator's Signature: lan chen

Print Name: LAN CHEN

Date: 02/16/2016

Licensee's/Administrator's Signature: lan chen

Print Name: LAN CHEN

Date: 03/17/2016