

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Akalei Hale	CHAPTER 100.1
Address: 61 Hoana St. Wailuku, Hawaii 96793	Inspection Date: October 7, 2016 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> Motrin found in first aid kit.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Yes, motrin was taken out from the first aid kit</i></p>	<p style="text-align: center;"><i>10-7-16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-12 (b)	<p style="text-align: center;"> PART 2 <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;"> <i>Type the list of what should be in the kit as required by dept of health for care home & put inside the kit as a reminder</i> </p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 medication administration record (MAR) missing administration initials for the following physician prescribed medications on the following dates.</p> <ol style="list-style-type: none"> 1) Risperdal 2mg – 2/29/16, 3/31/16, and the morning of 10/7/16. 2) Sertraline 50mg – 2/29/16, and 3/31/16. 3) Depakote DR 250mg - 2/29/16, 3/31/16, and the morning of 10/7/16. 4) Benztropine 1mg - 2/29/16, 3/31/16, and the morning of 10/7/16. 5) Fish Oil 1000mg - 2/29/16, 3/31/16, and the morning of 10/7/16. 6) Lovastatin 40mg - 2/29/16, and 3/31/16. 7) Risperdal 4mg - 2/29/16, and 3/31/16. 	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Yes I initialed the missing date in med record since medicine was given</i></p>	<p style="text-align: center;"><i>10-07-16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (m)	<p style="text-align: center;"> PART 2 <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;"> <i>I use my telephone alarm To remind me to initial medication record as soon as its given</i> </p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 emergency medication list missing physician prescribed medications.</p> <ol style="list-style-type: none"> 1) Invega Sustena 234mg 2) Celecoxib 200mg 	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes I update the emergency information at the medication list in the record</i></p>	<p style="text-align: right;"><i>10-07-16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (f)(4)	<p style="text-align: center;">PART 2 <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;"><i>I use post it as a reminder information to update or DC meds since its in a plastic</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedroom #1 and Bedroom #2 no pliable plastic pillow protectors.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>yea mark pillow with pillow protector was provided</i></p>	<p style="text-align: center;"><i>10-08-16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-23 (o)(3)(B)	<p style="text-align: center;"> PART 2 <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> <i>1 Put a reminder note by the laundry room to check pillows with name & pillow protector for every 2 weeks or when ever needed to wash</i> </p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Bedroom #1 and Bedroom #3 no signaling device by the bedside.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>yes signaling device was placed at the bed side</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-23 (p)(5)	<p style="text-align: center;"> PART 2 <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;"> <i>Post a reminder by the bathroom door to check the signaling device, daily if its in proper place</i> </p>	

Licensee's/Administrator's Signature: Elisa Villanueva

Print Name: ELISA VILLANUEVA

Date: 10-19-16