

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Akamai Adult Residential Care Home	CHAPTER 100.1
Address: 1259 Akiahala Street, Kailua, Hawaii 96734	Inspection Date: October 21, 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.

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Dr. [illegible]

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Resident #1 No documentation of pneumococcal immunization.</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>Resident #1 documentation of pneumococcal immunization was corrected by following up with the physician and obtaining the date of the immunization. The immunization had been administered in June of 2014. Documentation was obtained with physician's signature.</p>	<p>10/25/2016</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-84 (b)(4)</p>	<p align="center">PART 2 <u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Future:</p> <p>For all future resident's upon admission I will follow up with ensuring the influenza and pneumococcal immunization is documented on the Vaccine Administration Record if it is not documented I will follow up with the resident's physician via telephone and then with their next physician visit.</p>	<p align="center">10/25/2016</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) 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>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1 No documentation of face-to-face visit in 9/16.</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>Resident #1 Case manager was notified immediately of the missing 9/2016 face to face progress note. CM immediately made a visit to add in the missing progress note. She had visited resident #1 and completed the face to face however, never left the copy in the chart.</p>	<p style="text-align: center;">10/25/2016</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-88 (c)(8)</p>	<p align="center">PART 2 <u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Future:</p> <p>In the future when case manager's come monthly to complete face to face assessments they will not be allowed to leave until we (our staff) double check the progress notes to make sure the visit is documented in the chart.</p>	<p align="center">10/25/2016</p>

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Licensee's/Administrator's Signature: Jocelyn Harris
Print Name: Jocelyn Harris
Date: 2/13/2017