

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lee, Emily (ARCH)	CHAPTER 100.1
Address: 94-5869 Kau Wela Place, Naalehu, Hawaii 96772	Inspection Date: March 11, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident #1, no level of care assessment.</p>	<p>Physical #1 given to manager for APIC. C. Co. - to indicate level care. Not available - Dr. D. Donoghue - Res corrected voluntarily. In the future will be done w/ examine notes to be done all boxes of 000.</p>	<p>3/22/16 5/2/16 E L Lee</p>
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Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(1) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following: Arranging for immediate transfer or evaluation by a physician for any resident who becomes acutely ill, injured, or dies; <u>FINDINGS</u> No written emergency procedures.	corrected deficiency by placing all resident info w/ med. Advice in individual meds. bag, also resident B.B. in the future will monitor/put regularly up date, if needed	9/24/16 E L Lee
<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. <u>FINDINGS</u> Clorox bleach and laundry detergent unsecured in laundry area.	corrected by after any use place back in locked storage. in the future, will do as above as I was aware of incident placed back in locked storage	9/24/16 E L Lee

B.B. Bulletin for Emerg. proced

<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. <u>FINDINGS</u> Family members' medication, unsecured on refrigerator door.	in the future will use a lock box. removed to refrigerator in garage.	E L Lee 3/11/16
<input checked="" type="checkbox"/> §11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. <u>FINDINGS</u> Resident #1, no financial statement.	the Bulletin will update financial statement quarterly corrected w/ no form placed in #1 folder.	E L Lee 3/14/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS Resident #1, no monthly weight record.</p>	<p style="text-align: center;"><i>weight post</i></p> <p>when doing MO/prog. post balden & B.B. assessments w/ face monthly post on the future will do as directed post weight sheet on B.B. for monthly post to few post to remind me</p>	<p style="text-align: right;"><i>5/24</i></p> <p style="text-align: right;"><i>E L Lee</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(l)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p>FINDINGS Resident #1, no self-preservation statement.</p>	<p>discussion w/ APRN (Coke) re importance of all residents w/ physical exam. or when sign. (MO) re assessed 5/12/16 spoke w/ Dr. Conolly (physic.) re self-preservation. He states he is written on CO. 5/25/16</p> <p>in the future will grow phys. notes began copy facilities.</p> <p>Self preservation was completed 5/25/16</p>	<p style="text-align: right;"><i>5/26/16</i></p> <p style="text-align: right;"><i>E L Lee</i></p>

Licensee's/Administrator's Signature: Emily L. Lee

Print Name: Emily L. Lee

Date: March 23, 2016

Licensee's/Administrator's Signature: Emily L. Lee

Print Name: Emily L. Lee

Date: 5/2/16

Licensee's/Administrator's Signature: Emily L. Lee

Print Name: Emily L. Lee

Date: 5/28/16