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Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Acnam's	CHAPTER 100.1
Address: 2467 North School Street, Honolulu, Hawaii 96819	Inspection Date: April 11, 2017 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.

17 JUN 25 10:34

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p>	<p>PART 1</p>	
	<p><u>FINDINGS</u> Household members #1, #2 No documentation of annual physical examination.</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><u>Future Plan</u> I, PCG, Sch#1 use the correct form @ the doctor visit @ annual inspection. The reason why I got a deficiency, is I didn't know the correct form. The MD office calls us 1 month prior to their DUB annually. This completed form are filed in care-home policy folder. If I don't have it then I will schedule appt to get it before annual inspection.</p> <p>Corrected 4/12/17 by bring back correct form to MD for corrections</p>	<p>4/12/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p>	<p>PART 2</p>	
	<p><u>FINDINGS</u> Household members #1, #2 No documentation of annual physical examination.</p>	<p style="text-align: center;"><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>In the future, I will use the correct forms to prevent deficiency again.</i></p>	<p style="text-align: center;"><i>4/12/17</i></p> <p style="text-align: right;">17 JUN 25 10:34</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS Substitute care giver #5 No documentation of annual TB clearance.</p> <p>Household members #1 No documentation of annual TB clearance.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I PCG, SCG #1 Obtained current Annual TB Clearance @ the MD on a clinic visit @ annual inspection. The reason why I got deficiency is that I didn't know the correct form + have no date signed by the MD. The MD office call @ prior to appt date at least 1 month prior to scheduled appt. annually. If I don't have it I will schedule appt. to get it 2 months before annual inspection.</p>	<p align="center">4/17/17</p> <p align="right">*17 JUN 26 10:34</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) <u>All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</u></p> <p><u>FINDINGS</u> Substitute care giver #5 No documentation of annual TB clearance. Household members #1 No documentation of annual TB clearance.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will use the correct forms and also I will pre-sign the date for MD And double check forms if the one date, signed by the MD before leaving MD office. This will plan to prevent deficiency again.</p>	<p>4/17/17</p> <p>17 JUN 26 NO 34</p>

Rules (Criteria)	Plan of Correction	Completion Date
<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. <u>FINDINGS</u> Substitute care giver #2 No documentation of training by primary care giver to make medications available and document such action.	<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>I PCG, (SCG #1) updated documentation for training to make medication available to residents for SCG #2. The reason I got a deficiency is I didn't have updated training documentation of training to make medications available to residents. This is needed prior to start date of SCG. Documents are filed in care home policy folder. If I don't have it then I will updated & file prior to start date of SCG's and n</p>	<p style="text-align: right;">4/12/17</p> <p style="text-align: right;">17 JUN 26 AM 0:34</p>

have it updated before annual inspection.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4)</p>	<p>PART 2</p>	
	<p>The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS Substitute care giver #2 No documentation of training by primary care giver to make medications available and document such action.</p>	<p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will update this prior to start date of SUG. And also make sure documents will be updated & filed 1-2 months before annual inspection,</i></p>	<p><i>4/12/17</i></p> <p>17 JUN 26 AM 034</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p>FINDINGS Resident #1 No documentation of diet order prior to or on admission.</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>I PC, SCG #1 updated Resident #1 Documentation of diet order. The reason I got deficiency I didn't obtain Diet order prior to admission. This documentation should be obtain prior to admission. Documents are filed in Resident #1 folder.</p> <p>If I don't have it I will not admit resident.</p>	<p style="text-align: right;">4/27/17</p> <p style="text-align: right;">17 JUN 26 AM 0:34</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p>	<p align="center">PART 2</p>	
	<p><u>FINDINGS</u> Resident #1 No documentation of diet order prior to or on admission.</p>	<p align="center"><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>In the future I will make sure I have obtained completed & updated documentation of diet order prior to admission. This plan will help prevent deficiency again.</p>	<p align="right">4/27/17</p> <p align="right">17 JUN 26 11:34</p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. <u>FINDINGS</u> Resident #1 "Pain A Trate" cream expired 1/09.	<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>I Pcg, Sec # 1 updated medications with a visible label that you can see expiration label of medications. The reason I got a deficiency is I couldn't see the expiration of medication on Pain A trate cream. Prior to receiving new meds usually monthly or 30 days. I will inspect medications.</p> <p>If not then I will provide a label visible for medication for each care giver can see visibly.</p>	<p style="text-align: center;">4/12/17</p> <p style="text-align: center;">17 JUN 26 AM 34</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 "Pain A Trate" cream expired 1/09.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>In the future, I will use a label to visible to see the expiration date of medications. I will plan to prevent it from happening again. (see below for example)</p> <p style="text-align: center;">↓</p> <p>Example.</p> <p style="text-align: center;">EXPIRATION</p> <p>DATE _____</p> <p style="text-align: right; font-size: small;">MV04FC1508</p>	<p style="text-align: center; font-size: large;">4/12/17</p> <p style="text-align: right; font-size: small;">17 JUN 26 AM 034</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident #1 No documentation of entry physical examination.</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>Resident #1</i></p> <p>I, PCG, SCE #1 updated PE with the doctor before annual inspection. The reason I got deficiency I didnt obtain an entry PE from previous care home. This should be obtain prior to admission. Documents filed in resident's folder.</p> <p>IF I don't have it I will not admit resident</p>	<p style="text-align: center;">4/27/17</p> <p style="text-align: right;">17 JUN 25 AM 10:34</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 No documentation of entry physical examination.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>In the future I will make sure I have ^{obtained} completed & updated P.E. from previous care home. If not I will not admit to prevent deficiency again.</p>	<p style="text-align: right;">17 JUN 26 AM 3:34</p>

	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><u>FINDINGS</u> Resident #1 No documentation of height on admission or otherwise.</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>I PCG, SCG #1 updated documentation of height on admission for Resident #1 with MD @ Doctor clinic visit a annual inspection. The reason I got deficiency I didn't obtain a documentation of height on admission. Which should have been obtain prior to admission. Documents are filed in Resident #1 folder IF I don't have it I will not admit resident.</p>	<p style="text-align: right; font-size: 2em;">4/27/17</p> <p style="text-align: right; font-size: 0.8em;">JUN 26 17 10:34</p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §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: Physician or APRN signed orders for diet, medications, and treatments; <u>FINDINGS</u> Resident #1 No documentation of height on admission or otherwise.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>In the future, I will obtain completed, signed, and dated documents of resident before admitting resident to facility. This plan will prevent deficiency again.</p>	<p style="text-align: center;">4/27/17</p> <p style="text-align: right;">JUN 26 10:34 AM '17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3: ---</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS Primary care giver, and substitute care givers #1, 2, 3, 4, 5 only nine (9) hours of continuing education courses documented.</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>I PCG; SCG #1 updated SCG #1, 2, 3, 4, 5 with 3 hrs more of C.E. courses to complete 12 hours total of C.E. with Case management, RN a annual inspection. These C.E. courses are done monthly, basis before annual inspection. Documentation are filed in "In Services for 2016-2017" folder. .</p> <p>If I don't have it, I will schedule C.E. courses 1 week before End of each month with each Caregivers.</p>	<p style="text-align: center;">5/18/2017</p> <p style="text-align: right;">17 JUN 26 AM 35</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p>	<p>PART 2</p>	
	<p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Primary care giver, and substitute care givers #1, 2, 3, 4, 5 only nine (9) hours of continuing education courses documented.</p>	<p style="text-align: center;"><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>In the future I will have C.E courses completed 1 week before the end of each month have Case Management, RN to review and complete updated C.E courses before annual inspection. This plan will prevent deficiency again.</p>	<p style="text-align: center;">5/10/2017</p> <p style="text-align: right;">17 JUN 26 17 10:35 <small>DEPARTMENT OF HEALTH & HUMAN SERVICES</small></p>

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Licensee's/Administrator's Signature: Caston Acanan

Print Name: Castora Acanan

Date: 6/26/17

STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE

17 JUN 26 AM 0:35