

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Hope-Faith	<b>CHAPTER 100.1</b>
<b>Address:</b> 94-272 Pupukoae Street, Waipahu, Hawaii 96797	<b>Inspection Date:</b> January 4, 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.**

RECORDED  
17 FEB -1 P 2:52  
JAN 22 P 2:50  
STATE OF HAWAII  
LICENSING DIVISION  
65A Licenses

	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><b>FINDINGS</b>            Primary care giver (PCG), no current physical examination (P.E.); last PE dated 12/28/15. Repeat citation (2016).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Actually clinic visit made before the inspection but advised me to come back after due date of the P.E.; appointment done 1/9/17; documentation completed.</p>	<p style="text-align: right; font-size: 2em;">1/09/17</p> <p style="text-align: right;">*17 FEB -1 P2:52</p> <p style="text-align: right;">*17 JUN 27 P2:50</p> <p style="text-align: right; font-size: 0.8em;">RECORDED</p> <p style="text-align: right; font-size: 0.8em;">INDEXED</p> <p style="text-align: right; font-size: 0.8em;">STATE OF HAWAII</p> <p style="text-align: right; font-size: 0.8em;">DANIELA L. BROWN</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-9(a)	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>Provide documentation of appointment for the annual exam.</i></p>	<p style="text-align: center; font-size: 2em;"><i>1/9/17</i></p> <p style="text-align: right; font-size: 0.8em;">             RECEIVED              STATE OF HAWAII              DEPARTMENT OF HEALTH              DIVISION OF PROFESSIONAL REGULATION              17 FEB -1 P2:527 JUN 32 P2:50  <i>Co</i> </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><b><u>FINDINGS</u></b> PCG, no tuberculosis (TB) attestation completed for 2016. Repeat citation (2016).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>T.B. attestation completed for 2016 on my P.E. appointment</i></p>	<p style="text-align: right;"><i>1/9/17</i></p> <p style="text-align: center;">RECEIVED STATE OF HAWAII FEB -1 P2:52 '17 P2:50</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-9(b)	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future=</p> <p>a) I will contact DOT clinic for TB clearance</p> <p>b) consult &amp; ask Lanakila Health Center for a TB clearance</p>	<p style="text-align: center;">1/9/17</p> <p style="text-align: center;">RECEIVED STATE OF HAWAII FEB -1 P2:52 17 MAR 22 P2:50</p>

	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) 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><b><u>FINDINGS</u></b> No documentation by the PCG for training substitute care giver (SCG) #1 and #2 to make medications available and to provide personal care to residents.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>As to my current substitute, we review &amp; do the training in the training check list as previously provided</i></p>	<p style="text-align: center;"><i>1/25/17</i></p> <p style="text-align: right;"> <small>STATE OF HAWAII</small>  <small>DEPARTMENT OF HEALTH</small>  <small>17 FEB -1 P2:54</small>  <small>RECEIVED</small> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-9(e)(4)	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future as to my new substitute, I will review &amp; do the training skills &amp; the skills list before contact with the residents.</p>	<p style="text-align: center;">1/25/17</p> <p style="text-align: center;">17 FEB -1 P2:54</p> <p style="text-align: center;">STATE OF HAWAII DHS - COMMUNITY CARE</p> <p style="text-align: center;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures.</p> <p><b><u>FINDINGS</u></b> Resident #1, re-admitted to the care home on 06/28/16, no resident signature to verify receipt of the care home policies and procedures.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>I reviewed the operational policy with the resident for re-admission</i></p>	<p style="text-align: center;"><i>1/4/17</i></p>

STATE OF MARYLAND  
17 FEB -1 P2:54  
PQC:WJN



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-10(f)	<p style="text-align: center;"> <b>PART 2</b>   <b><u>FUTURE PLAN</u></b>   <b>USE THIS SPACE TO EXPLAIN YOUR            FUTURE PLAN: WHAT WILL YOU DO TO            ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> </p> <p style="text-align: center;"> <i>In the future I will use            a check-list for re-admission</i> </p>	<p style="text-align: center;"> <i>1/4/17</i> </p> <p style="text-align: right;"> <small>STATE OF HAWAII            17 FEB -1 P2:54            DEPT OF VEPD</small> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #1, re-admitted to the care home on 06/28/16, no inventory upon readmission.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>I already made an inventory list of resident's personal possession on 1/4/17</i></p>	<p style="text-align: center;"><i>1/4/17</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII 17 FEB -1 P2:54 DEPT. OF HEALTH</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-10(g)	<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 style="text-align: center;"><i>In the future, I will use a check-list for re-admission</i></p>	<p style="text-align: center;"><i>1/4/17</i></p> <p style="text-align: center;">STATE OF HAWAII FEB -1 P2:54 PROVIDED</p>

	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> (a)(1)  The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Arranging for immediate transfer or evaluation by a physician for any resident who becomes acutely ill, injured, or dies;</p> <p><b><u>FINDINGS</u></b>  Resident #1, emergency information form does not list the current medications. Repeat citation (2015).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Emergency information form updated on 1/4/17</i></p>	<p style="text-align: center;"><i>1/4/17</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  17 FEB -1 12:54  REMOVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-12(a)(1)	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>In the future, review the form every after doctors visit and update it as needed</i></p>	<p style="text-align: center;"><i>1/4/17</i></p>

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 17 FEB -1 P2:54  
 STATE OF HAWAII  
 DEPT. OF HEALTH

	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> (a)(3)  The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Response to disasters which would include evacuation, emergency shelters, and food supply, and as directed by the Civil Defense.</p> <p><b><u>FINDINGS</u></b>  Emergency procedures incomplete, no address for accommodations in the event of a fire when residents are unable to live in the facility. <b>Please update and submit emergency procedures with the plan of correction.</b></p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Emergency procedures completed + revised (copy enclosed)</i></p>	<p style="text-align: center;"><i>1/4/17</i></p> <p style="text-align: center;">RECEIVED  STATE OF HAWAII  17 FEB -1 P2 54</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-12(a)(3)	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will review emergency procedures &amp; check supplies monthly with the "Five Drill" and revised on re-stock as needed</p>	<p style="text-align: center;">1/4/17</p> <p style="text-align: center;">RECEIVED STATE OF HAWAII 17 FEB -1 P2:54</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><b><u>FINDINGS</u></b></p> <p>1. One (1) bowl of uncovered food in the refrigerator.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Corrected. Bowl covered w a foil</i></p>	<p><i>1/4/17</i></p> <p>STATE OF HAWAII 17 FEB -1 P254 HHP/1/17</p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE #11-100.1-14(b)</b></p> <p><b><u>FINDINGS</u></b> One (1) bowl of uncovered food in the refrigerator.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future instruct all staff including myself for food safety requirements</i></p>	<p><i>1/4/17</i></p> <p>STATE OF HAWAII FEB -1 P2:54 PROCESSED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><b><u>FINDINGS</u></b> 2. One (1) basket of onions stored on the floor.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Onions removed from the floor &amp; put them in a bag &amp; place them in the cabinet.</i></p>	<p style="text-align: center;"><i>1/4/17</i></p> <p style="text-align: center;">STATE OF HAWAII 17 FEB -1 P2:54 PER: VEP</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE #11-100.1-14(b)</b></p> <p><u><b>FINDINGS</b></u> One (1) basket of onions stored on the floor.</p>	<p><b>PART 2</b></p> <p><u><b>FUTURE PLAN</b></u></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future all staffs, including myself be instructed to follow food safety requirements</i></p>	<p><i>1/4/17</i></p> <p>STATE OF HAWAII 17 FEB -1 P2:54</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Repeat citation (2015, 2016) Resident #1, medication order dated 09/02/16 reads, "Propranolol 10 mg i <u>QD</u>".</p> <ol style="list-style-type: none"> <li>1. No order to discontinue medication order dated 06/28/16, "Propranolol 10 mg i <u>BID</u>" on 09/02/16 when physician reduced medication to I QD.</li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Ask for a verbal order to d/c the BID order</p>	<p style="text-align: center;">1/4/17</p> <p style="text-align: center;">STATE OF HAWAII FEB -1 P2:54 PROVIDER</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE #11-100.1-15(e)</b></p> <p><b><u>FINDINGS</u></b>  Repeat citation (2015, 2016) Resident #1, medication order dated 09/02/16 reads, "Propranolol 10 mg i <u>QD</u>".</p> <ol style="list-style-type: none"> <li>No order to discontinue medication order dated 06/28/16, "Propranolol 10 mg i <u>BID</u>" on 09/02/16 when physician reduced medication to I QD.</li> </ol>	<p align="center"><b>PART 2</b></p> <p align="center"><b><u>FUTURE PLAN</u></b></p> <p align="center"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future on a doctors visit, when medication frequency or dosage change, ask D/C order and ask further clarification which to continue and not to continue.</p>	<p align="right">FEB 01 11:59 AM  17 FEB -1 P2:54  STATE OF HAWAII</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Repeat citation (2015, 2016) Resident #1, medication order dated 09/02/16 reads, "Propranolol 10 mg i <u>QD</u>".</p> <p>2. Medication administration record (MAR) for 9/2016 thru 10/2016, reads, "Propranolol 10 mg i <u>BID</u>" and was initialed to indicate made available. Medication made available 09/02/16 thru 10/30/16 did not reflect medication order.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Make a late entry note in the medication record saying "transcription error occurred 9/2/16 to 10/30/16; Propranolol 10mg given once a day but BID</p>	<p style="text-align: right;">1/4/17<sup>9</sup></p> <p style="text-align: right;">17 FEB -1 P2:54</p> <p style="text-align: right;">STATE OF HAWAII DIVISION OF LICENSING</p> <p style="text-align: right;">PROF. 4570</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE #11-100.1-15(e)</b></p> <p><b><u>FINDINGS</u></b>  Repeat citation (2015, 2016) Resident #1, medication order dated 09/02/16 reads, "Propranolol 10 mg i <u>QD</u>".</p> <p>2. Medication administration record (MAR) for 9/2016 thru 10/2016, reads, "Propranolol 10 mg i <u>BID</u>" and was initialed to indicate made available. Medication made available 09/02/16 thru 10/30/16 did not reflect medication order.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future, review the doctor's order after doctor's visit and update the medication record that it will matches the current order</i></p>	<p>STATE OF HAWAII</p> <p>17 FEB -1 P2 54</p> <p>PERMISSION</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1, activity schedule/care plan dated <u>09/09/14</u> does not reflect resident's current needs.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Activity schedule / care plan revised &amp; updated</i></p>	<p style="text-align: center;"><i>1/4/17</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  17 FEB -1 P2:54</p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-16(h)	<p style="text-align: center;"> <b>PART 2</b>   <b><u>FUTURE PLAN</u></b>   <b>USE THIS SPACE TO EXPLAIN YOUR            FUTURE PLAN: WHAT WILL YOU DO TO            ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> </p> <p style="text-align: center;"> <i>In the future, I will use            a check list for re-admission</i> </p>	<p style="text-align: center;"> <small>STATE OF HAWAII            DEPARTMENT OF CORRECTIONS            17 FEB -1 P2:54</small> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b>  Resident #1, re-admitted to the care home on 6/28/16, no primary care giver assessment.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Corrected. Primary care giver's assessment done</i></p>	<p style="text-align: center;"><i>1/4/17</i></p> <p style="text-align: center;">STATE OF HAWAII  DEPARTMENT OF HEALTH  FEB -1 P2:54</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-17(a)(1)	<p style="text-align: center;"> <b>PART 2</b>   <b><u>FUTURE PLAN</u></b>   <b>USE THIS SPACE TO EXPLAIN YOUR            FUTURE PLAN: WHAT WILL YOU DO TO            ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> </p> <p style="text-align: center;"> <i>In the future, I will            use a check-list for            re-admission</i> </p>	<p style="text-align: right;"> <small>STATE OF HAWAII</small>  <small>NOV 21 12:55</small>  <small>PERMISSION</small> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1, monthly progress note do not reflect:</p> <ol style="list-style-type: none"> <li>1. Medication changes on 09/02/16.</li> <li>2. Office visits on 07/01/16, 08/04/16, 09/21/16, 10/07/16 and 11/17/16.</li> </ol> <p>Repeat citation (2013, 2014, 2015, 2016)</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">STATE OF HAWAII 47 108-1 P2-55 FAC 10/17/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-17(b)(3)	<p style="text-align: center;"> <b>PART 2</b>  <b><u>FUTURE PLAN</u></b>  <b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> </p> <p> <i>In the future, whenever the resident's condition or order changes, documentation be written in the progress notes including resident's response immediately</i> </p>	<p style="text-align: right;"> <small>STATE OF HAWAII</small>  <small>17 FEB -1 12:55</small>  <small>PERF APP</small> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary</p> <p><b><u>FINDINGS</u></b>            No incident reports to reflect the following:</p> <ol style="list-style-type: none"> <li>1. 05/10/16 - Resident #1, discharged from facility due to combative behavior.</li> <li>2. 03/18/16 - Former Resident #1, discharged to hospital following a "fall and difficulty breathing".</li> </ol> Repeat citation (2015)	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">17 FEB -1 P2:55</p> <p style="text-align: center;">STATE OF HAWAII</p> <p style="text-align: center;">PERCY JEN</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<b>RULE #11-100.1-17(c)</b>	<p align="center"> <b>PART 2</b>   <b><u>FUTURE PLAN</u></b>   <b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> </p> <p align="center"> <i>In the future, utilize the check-list new forms for incident report provided.</i> </p>	<p align="center"> <small>STATE OF HAWAII</small>  <small>17 FEB -1 P2:55</small>  <small>PHOTO COPY</small> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§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, legalguardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess 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.</p> <p><u>FINDINGS</u>  Resident #1, no signed financials upon readmission.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Corrected. Financial form provided &amp; signed.</i></p>	<p style="text-align: center;"><i>1/4/17</i></p> <p style="text-align: center;">STATE OF HAWAII  DEPARTMENT OF HEALTH  FEB -1 12:55  16071457</p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-19(a)	<p style="text-align: center;"> <b>PART 2</b>   <b><u>FUTURE PLAN</u></b>   <b>USE THIS SPACE TO EXPLAIN YOUR            FUTURE PLAN: WHAT WILL YOU DO TO            ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> </p> <p style="text-align: center;"> <i>In the future, I will use            a check list for re-admission</i> </p>	<p style="text-align: center;">           REC'D YSP            '17 (EE -) P2:55            STATE OF HAWAII         </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(F) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoking shall be permitted only in approved areas where proper equipment and supervision is provided;</p> <p><b><u>FINDINGS</u></b> Smoking policy include where the smoking area is, who is allowed to smoke, equipment (I.e., non-combustible ashtray) and under what circumstances.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>"Non-smoking facility"</i></p>	<p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH '97 FOP-1 P.2/55</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-23(g)(3)(F)	<p style="text-align: center;"> <b>PART 2</b>   <b><u>FUTURE PLAN</u></b>   <b>USE THIS SPACE TO EXPLAIN YOUR            FUTURE PLAN: WHAT WILL YOU DO TO            ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> </p> <p style="text-align: center; font-family: cursive;"> <i>"Non-smoking facility"</i> </p>	<p style="text-align: right; font-size: small;">           STATE OF HAWAII            DEPARTMENT OF HEALTH            DIVISION OF ENVIRONMENTAL HEALTH SERVICES            17 FEB -1 P2:55            1/17/2017         </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><b><u>FINDINGS</u></b> Bedroom #3, one (1) portable oxygen tank in an oxygen stand. No "Oxygen in Use" warning signs posted at building entrance or outside Bedroom # door. Please contact medical supply company to request training materials on safe oxygen use, to include safety signs regarding "oxygen in use".</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Warning signs posted outside the bedroom door and in the building door.</i></p>	<p style="text-align: center;"><i>1/4/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-23(h)	<p style="text-align: center;"> <b>PART 2</b>  <b><u>FUTURE PLAN</u></b>  <b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> </p> <p style="text-align: center;"> <i>In the future, contact immediately the medical supply company and request the safety signs regarding "oxygen in use"</i> </p>	<p style="text-align: right; font-size: small;">       DEPT. OF HEALTH        17 FEB 11 12:55        10/27/10     </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><b><u>FINDINGS</u></b> No plastic protector for resident pillow in Bedroom #2 &amp; 3 and no pillow listed in the personal inventory.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Corrected. Pillows listed as a personal belongings &amp; listed in the inventory</i></p>	<p style="text-align: center;"><i>1/4/17</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</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, <sup>upon admission</sup> talk about it        &amp; the resident the requirements        for hygiene rules &amp; a        plastic protector, <sup>&amp; decide</sup> whether        to buy their own pillow        or not but needs to be        figured out.</p>	<p style="text-align: center;">STATE OF HAWAII        17 FEB -1 P2:55        P. P. P. P. P. P.</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (4) In addition to the requirements in subchapter 2 and 3:</p> <p>A substitute care giver who is trained by the primary care giver with the assistance of the registered nurse or case manager and meets the requirements as set forth in section 11-100.1-9, shall take charge of an expanded ARCH during an expanded ARCH primary care giver's absence or inability to perform regular duties;</p> <p><b><u>FINDINGS</u></b> Resident #1, No care giver training provided by the RN case manager to SCG#1, &amp; #2.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Training &amp; documentation completed prior to annual inspection dated 12/4/16 &amp; 12/27/16 but further discuss &amp; explain to the Nurse Consultant where they can be found in the folder</p>	<p>12/4/16</p> <p>12/27/16</p> <p>1/4/17</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII 17 HB-1, P2-55</p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-83(4)	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I provide, assist &amp; inform the Nurse Consultant that evidence of documentation are available &amp; completed</p>	<p style="text-align: right;">STATE OF HAWAII 17 FEB -1 P2 55</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><b><u>FINDINGS</u></b> Substitute care giver (SCG) #1 &amp; #2 attended three (3) community health events: agendas used to record SCG names with a signature for nine (9) continuing education hours. Please submit three (3) hours of learning experiences that will support knowledge of quality care for expanded ARCH residents for the 2016 inspection year. Repeat citation (2016).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Advice &amp; instruct substitute caregivers to attend "Cancer Care" seminar for their continuing educational training completion. (Certificate of attendance enclosed)</i></p>	<p style="text-align: center;"><i>1/14/17</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH 47 FEB -1 12:55 1/10/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-83(5)	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, advise &amp; instruct substitute caregivers to submit a copy of their own evidence or proof of attendance to any inservice or educational training classes &amp; signed by an authorize person.</p>	<p style="text-align: right; font-size: small;">STATE OF HAWAII 97-08-01 02:56 02/11/2009</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of compliance with the department's uniform tuberculosis policy;</p> <p><b><u>FINDINGS</u></b> Resident #1, re-admitted to the care home on 06/28/16, TB Attestation Screening form dated 06/28/16 is not correct for readmission. Previous two (2) step TB skin test completed on 2/24/14 and 3/4/14 reads, 0 mm.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>DOH TB clearance dated 12/09/15 available on record. Attestation form deleted 1/4/17</i></p>	<p><i>1/4/17</i></p> <p><i>17 FEB -1 22:56</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-84(b)(3)	<p style="text-align: center;"> <b>PART 2</b>  <b><u>FUTURE PLAN</u></b>  <b>USE THIS SPACE TO EXPLAIN YOUR            FUTURE PLAN: WHAT WILL YOU DO TO            ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> </p> <p style="text-align: center;"> <i>In the future, I will not            use attestation form for            residents with negative            TB results</i> </p>	<p style="text-align: right; font-size: small;">             STATE OF HAWAII              47 FEB 4 12:56              PRC 011450           </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a)            The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b><u>FINDINGS</u></b>            Resident #1,            1. Care plan indicates parameters for monthly pulse, blood pressure (BP) respiration readings. PCG monthly progress notes, no pulse or BP readings.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Talk &amp; discuss with my Case Manager to clarify the present situation of the resident being stable already. Care plan revised &amp; updated.</i></p>	<p style="text-align: center;"><i>1/4/17</i></p>

STATE OF HAWAII  
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 17 FEB -1 P2:56  
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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE #11-100.1-87(a)</b></p> <p><b><u>FINDINGS</u></b> Resident #1,</p> <ol style="list-style-type: none"> <li>Care plan indicates parameters for monthly pulse, blood pressure (BP) respiration readings. PCG monthly progress notes, no pulse or BP readings.</li> </ol>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future, review the Care Plan during the Case Manager's visit monthly</i></p>	<p>STATE OF HAWAII DEPARTMENT OF HEALTH 17 FEB -1 P2:56</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a)  The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b><u>FINDINGS</u></b>  Resident #1,  2. Care plan indicates need for daily routines. No activity schedule provided.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Corrected. Activity schedule developed</i></p>	<p style="text-align: center;"><i>1/4/17</i></p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE #11-100.1-87(a)</b></p> <p><b><u>FINDINGS</u></b> Resident #1, 2. Care plan indicates need for daily routines. No activity schedule provided.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future, review the Care Plan w the Case Manager during the Case Manager's visit monthly</i></p>	<p>11-198-1 P2-56</p> <p>STATE OF HAWAII</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a)  The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b><u>FINDINGS</u></b>  Resident #1,  3. Smoking activity per physician and care plan is discontinued. However, PCG states, "█ smokes".</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Physician &amp; case manager clarifies with them about the present situation of the resident that still continue smoking. Care Plan &amp; records updated &amp; revised</i></p>	<p style="text-align: right;"><i>1/4/17</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  17 FEB -1 P2 56</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE #11-100.1-87(a)</b></p> <p><b><u>FINDINGS</u></b> Resident #1, 3. Smoking activity per physician and care plan is discontinued. However, PCG states, "[REDACTED] smokes".</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>a) In the future I will further provide information if client still smokes or not anyone smoking on [REDACTED] doctor's visit regularly or as scheduled or needed.</p> <p>b) Review the Care Plan &amp; the Case Manager during the Case Manager's visit monthly</p>	<p>STATE OF HAWAII</p> <p>17 03-1 P256</p>

Licensee's/Administrator's Signature:

M. Lucas

Print Name:

Melanie G. Lucas

Date:

1/28/17

STATE OF HAWAII  
DEPARTMENT OF HEALTH

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FORM 7500