Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pohai Nani Ahui Olu	CHAPTER 100.1
Address: 45-090 Namoku Street, Kaneohe, Hawaii 96744	Inspection Date: October 5, 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
☒	§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. **<u>FINDINGS</u>** Substitute care givers #3, #7, #14, #15, #27 no documentation of annual physical examination.	**PART 1** **<u>DID YOU CORRECT THE DEFICIENCY?</u>** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** See attachment 1A	11/01/16

1A

Facility Name: POHAI NANI AHU OLU

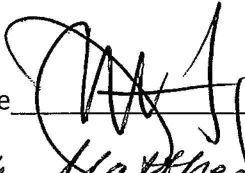
Plan Of Correction

RULES:
§11-100.1-9 Personnel Staffing and family requirements

PART I CORRECTION FOR DEFICIENCY

Physical examinations for substitute care givers # 3, # 7, #14, #15 and #27 completed by our Medical Director as of 11/01/16

Completion Date 11/01/16

Licensee's/Administrator's Signature 

Print Name: Judith Matthews

Date: 11/04/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-9 (a)	**PART 2** **<u>FUTURE PLAN</u>** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** See attachment 1B	11/01/16

18

Facility Name: POHAI NANI AHU OLU

Plan Of Correction

RULES:
§11-100.1-9 Personnel Staffing and family requirements

PART 2 FUTURE PLANS

Unit Coordinator/or Designee will review files on a monthly basis to identify employees who require physical examinations to be done.
Unit coordinator will notify employees 4 weeks before physical is due and send employee forms To be completed and returned.
A follow-up remainder will be sent in 2 weeks if physical not completed and returned.
If not returned by end of 2 week period, will send weekly reminders to employee by phone and text messages.
If physical not completed by due date, employee will be removed from schedule until physical has been completed.

Completion Date 11/01/2016

Licensee's/Administrator's Signature [signature]

Print Name: Judith Matthew

Date: 11/10/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§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. **<u>FINDINGS</u>** -Substitute care giver #12, no documentation of initial two-step PPD. -Substitute care giver #16 no documentation of initial positive PPD -Substitute care giver #9 no documentation of annual TB clearance.	**PART 1** **<u>DID YOU CORRECT THE DEFICIENCY?</u>** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** See attachment 2A	11/01/16

2A

Facility Name: POHAI NANI   Ahu Olu

Plan Of Correction

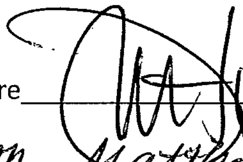
RULES:
§11-100.1-9 (b) Personnel Staffing and family requirements

PART 1 Correction of Deficiency

Initial PPD clearance were obtained for SCG# 12 and SCG# 16 and placed in their records.

Annual TB clearance were completed for SCG # 9 on 11/01/16.

Completion Date 11/01/2016

Licensee's/Administrator's Signature 

Print Name: Judi M Matthews

Date: 11/04/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	**RULE #** §11-100.1-9 (b)	**PART 2** **<u>FUTURE PLAN</u>** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** See attachment 2B	11/01/2016

Facility Name: POHAI NANI AHU OLU

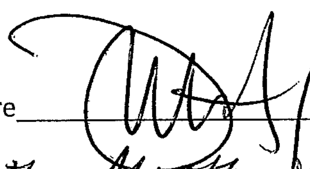
Plan Of Correction

RULES:
§11-100.1-9 (b) Personnel Staffing and family requirements

PART 2 FUTURE PLANS

Unit Coordinator/or Designee will review files on a monthly basis to identify employees who require physical examinations to be done.
Unit coordinator will notify employees 4 weeks before TB testing is due and send employee forms To be completed and returned.
A follow-up remainder will be sent in 2 weeks if TB test not completed and returned.
If TB testl not completed by due date, employee will be removed from schedule until completed

Completion Date 11/01/2016

Licensee's/Administrator's Signature 

Print Name: Judith Matthews

Date: 11/04/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **<u>FINDINGS</u>** Substitute care giver #25 No documentation of CPR certification.	**PART 1** **<u>DID YOU CORRECT THE DEFICIENCY?</u>** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** See attachment 3A	10/07/2016

Facility Name: POHAI NANI AHU OLU

Plan Of Correction

RULES:
§11-100.1-9 (f) (1) Personnel Staffing and family requirements

PART I CORRECTION FOR DEFICIENCY

Substitute care giver # 25 provided a copy of CPR that expires 11/30/16 on October 7, 2016

Completion Date 10/07/2016

Licensee's/Administrator's Signature [signature]

Print Name: Judith Matthew

Date: 11/04/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-9 (f)(1)	**PART 2** **<u>FUTURE PLAN</u>** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** see attachment 3B	10/07/2016

3B

Facility Name: POHAI NANI AHU OLU

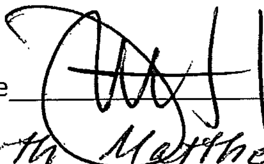
Plan Of Correction

RULES:
§11-100.1-9 (f) (1) Personnel Staffing and family requirements

PART 2 FUTURE PLANS

Unit Coordinator/or Designee will review files on a monthly basis to identify employees who need to renew CPR.
Unit coordinator will notify employees 4 weeks before CPR l is due and the date of next available Class.
If CPR not completed by due date, employee will be removed from schedule until completed.

Completion Date 10/07/2016

Licensee's/Administrator's Signature 

Print Name: Judith Matthew

Date: 11/04/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§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>** Bottle of 70% rubbing alcohol unsecured in resident bathroom #1.	**PART 1** **<u>DID YOU CORRECT THE DEFICIENCY?</u>** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** see attachment 4A	10/25/16 10/12/16

4A

Facility Name: POHAI NANI AHU OLU

Plan Of Correction

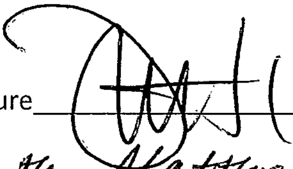
RULES:
§11-100.1- 14 Food Sanitation (1)

PART I CORRECTION FOR DEFICIENCY

Bottle of 70% Alcohol was removed from bathroom #1 immediately and disposed .
Completion Date 10/05/16

Staff reeducated on not leaving chemicals in bathrooms (sprays) and to place all chemicals in locked cabinets at all times.

Completion Date: 10/12/16



Licensee's/Administrator's Signature

Print Name: Judith Matthews

Date: 11/04/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	**RULE #** §11-100.1-14 (f)	**PART 2** **<u>FUTURE PLAN</u>** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** See attachment 4B	11/07/16

4B

Facility Name: POHAI NANI AHU OLU

Plan Of Correction

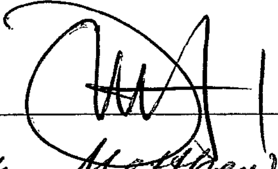
RULES:
§11-100.1- 14 Food Santation (1)

PART 2 FUTURE PLANS

Daily bathroom checks for chemicals and cleaning supplies have been added to each shift responsibility list to ensure that no chemicals or cleaning supplies are left in bathrooms.

CHO/Manager will monitor areas weekly x 1 month and then 2/month for 6 months and then monthly there after.

Completion Date 11/07/16

Licensee's/Administrator's Signature 

Print Name: Judith Matthews

Date: 11/04/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (p)(5) Miscellaneous: 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. **FINDINGS** No signaling device in resident bathroom #1.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** See attachment 5A	10/07/16

57A

Facility Name: POHAI NANI AHU OLU

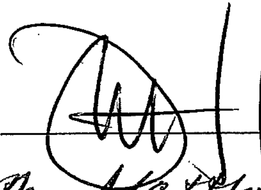
Plan Of Correction

RULES:
§11-100.1- 25 Physical environment (p) (5)

PART I CORRECTION FOR DEFICIENCY

Temporary bell has been placed in bathroom for residents to use to alert staff.
Staff has been instructed to stand outside of bathroom door when residents are in that bathroom
Invoice for part attached.

Completion Date: 10/07/16

Licensee's/Administrator's Signature 

Print Name: Jued M. Matthew

Date: 11/04/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	**RULE #** §11-100.1-23 (p)(5)	**PART 2** **<u>FUTURE PLAN</u>** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** See attachment 5B	11/07/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-23 (p)(5)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Please See Attached	11/07/16

58

Facility Name: POHAI NANI AHU OLU

Plan Of Correction

RULES:
§11-100.1- 25 Physical environment (p) (5)

PART 2 Future Plans

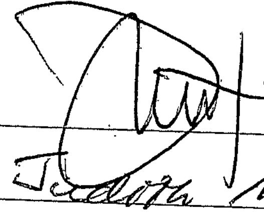
Part is on order for repair of call system. Repair will be completed as soon as part is available.
Call light system will be checked every Monday by maintenance department beginning 11/07/2016.
Log for checks will be maintained in each care home binder.

Completion Date: 11/07/16

Licensee's/Administrator's Signature

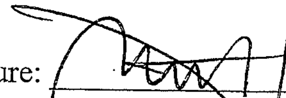
Print Name: Judith Matthews

Date: 11/04/16

Licensee's/Administrator's Signature: 

Print Name: Judith Matthew

Date: 11/04/16

Licensee's/Administrator's Signature: 

Print Name: Judith F. Matthew RN Director/Admin

Date: 6.31.2017