

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Trans Haven	CHAPTER 100.1
Address: 74-5156 Kialoa Place, Kailua-Kona, Hawaii 96740	Inspection Date: April 6, 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.

	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><u>FINDINGS</u> Substitute care giver (SCG) #1, tuberculosis (TB) attestation form completed on February 7, 2017. However, no documentation of past positive TB skin test.</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>SCG #1 was no longer used as SCG.</p>	<p style="text-align: center;">Yes</p> <p style="text-align: center;">4/7/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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><u>FINDINGS</u> Substitute care giver (SCG) #1, tuberculosis (TB) attestation form completed on February 7, 2017. However, no documentation of past positive TB skin test.</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 style="text-align: center;"><i>obtain a record of past positive TB skin test if SCG completed a TB attestation form.</i></p>	<p style="text-align: center;"><i>9/20/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Current menu read: "toss salad, grilled cheese, bread. . ." However, mandarin oranges, soup and bread was served. No documented menu substitutions.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>substitute menus were recorded on the back of weekly menu.</i></p>	<p><i>Yes</i></p> <p><i>4/9/17</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Current menu read: "toss salad, grilled cheese, bread. . ." However, mandarin oranges, soup and bread was served. No documented menu substitutions.</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><i>The substitute menu will be recorded at the end of the day whenever a menu is substituted.</i></p>	<p><i>4/9/17</i></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, chest x-ray read on October 22, 2016. However, no documentation of past positive TB skin test.</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>Requested from resident #1 doctor a documentation of past positive TB skin test. After several attempts, he is unable to provide record even after I was told he would check with KCH for the record. Also went to DaFH clinic for TB record of resident #1. No record was found. 2-step TB test was obtained</p>	<p style="text-align: center;">Yes</p> <p style="text-align: right;">9/13/17</p>

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Licensee's/Administrator's Signature: Eden Transf

Print Name: Eden Transfiguracion

Date: 9/20/17