

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: R.K.C. ARCH	CHAPTER 100.1
Address: 91-938 Hanakahi Street, Ewa Beach, Hawaii 96707	Inspection Date: August 6, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Resident #1 discharged in resident register 5/3/15 when went to ER but not admitted to hospital. Then PCG admitted resident #1 to R.K.C ARCH again 5/3/15.</p>	<p>To correct the deficiency I made a late entry in my resident register.</p> <p>In the future I make the entries right away during admission and discharge in my register.</p> <p>I don't find the entry right away then write it down right away.</p>	<p>Aug. 7, 2015</p>



§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(D)

Residents' rights and responsibilities:

Each resident shall:

Physical restraints may only be used in an emergency when necessary to protect the resident from injury to self or to others. In such a situation the resident's physician or APRN

shall be notified immediately to obtain an assessment for least restrictive alternatives to restraint use. If restraint use is determined to be necessary, written orders shall be obtained from the resident's physician or APRN indicating the form of restraint to be used, the length of time restraint shall be applied, the frequency of use and the alternative care that can be provided to the resident. If a less restrictive alternative to restraint exists, it must be used in lieu of the restraint. The resident's family, legal guardian, surrogate or representative, and case manager shall be notified if no alternative to restraint exists and a written consent shall be obtained for restraint use. The restraint use shall be in compliance with the Type I ARCH's written policy, as approved by the department;

FINDINGS

Resident #1 Physician order, since 2013-2015, to place mitts on both hands except during meals and hand washing. This order only utilized once/year.

11-100.1-21 (a)(2)(D)

Physician order was only utilized once a year.
In the future I will

bring the Resident #1 to the doctor to update weekly order for restraints.

Caregiver will take Resident #1 to the doctor once a week. Doctor will sign Physician order

<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (h)(4) 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>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Bathroom sink only has one functional tap/knob for hot water, cold water tap/knob does not function.</p>	<p>The caregiver called the plumber to fix the bathroom sink. The tap/knob for hot and cold water has been fixed and now function. In the future when the sink is broken Caregiver will fix it as soon as possible.</p>	<p>8/7/15</p>
		<p>11-100.1-23(h)(4) in the future I will check daily that the temperature of hot water is regulated and maintained within the range of 100°-120°F. If hot and cold running water is not readily available I will make sure to arrange a plumber to fix the problem as soon as possible.</p>	<p>OK</p>

Licensee's/Administrator's Signature: JMF
Print Name: Josephine Fitzgerald
Date: 04-04-2016

Licensee's/Administrator's Signature: JMF
Print Name: Josephine Fitzgerald
Date: 5-10-2016

Licensee's/Administrator's Signature: Josephine Fitzgerald
Print Name: Josephine Fitzgerald
Date: 7/26/2016

Licensee's/Administrator's Signature: Josephine Fitzgerald
Print Name: Josephine Fitzgerald
Date: AUG 24, 2016

Licensee's/Administrator's Signature: Josephine Fitzgerald
Print Name: Josephine Fitzgerald
Date: 03-28-2017