

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sales, Abner (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-1156 Halelehua Street, Waipahu, Hawaii 96797	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 APR 2017 4:02:49

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 Case management care plans for fall/injury, behavior management, psychosocial well-being and hypertension not reviewed/updated from March 2016 through June 2016.</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>- Case manager was advised the chief during the months of March, April, May 2016 were asked to sign / update the SP.</i></p>	



§11-100.1-88 Case management qualifications and services.
(c)(3)

Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:

Review the care plan monthly, or sooner as appropriate;

FINDINGS

Resident #1 Case management care plans for fall/injury, behavior management, psychosocial well-being and hypertension not reviewed/updated from March 2016 through June 2016.

PART 2

FUTURE PLAN

**USE THIS SPACE TO EXPLAIN YOUR
FUTURE PLAN: WHAT WILL YOU DO TO
ENSURE THAT IT DOESN'T HAPPEN AGAIN?**

In the future, I will review the care plan every month to check if it's completed and signed by the RN. I will also remind the RN during the monthly visitations to review and update the care plan.

8/25/17

17 AUG 2017 09:49

Licensee's/Administrator's Signature: Rosalinda Aniel, TCM

Print Name: Rosalinda R. Malalis

Date: 07-14-17

Licensee's/Administrator's Signature: Abner Sales

Print Name: Abner Sales

Date: 8/25/17