

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Kuike Bayside	CHAPTER 100.1
Address: 45-212 Kaneohe Bay Drive, Kaneohe, Hawaii 96744	Inspection Date: July 19 & 20, 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>§11-100.1-23 <u>Physical environment.</u> (i)(4)(B) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Lighting:</p> <p>Residents' rooms shall have artificial light adequate for reading at bedside. This lighting shall be at least thirty foot candles at normal reading height;</p> <p><u>FINDINGS</u> Ceiling light fixture in bedroom #3 second floor, above bed near the window had one bulb missing or not working.</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>The light bulb in bedroom #3 second floor, above bed and near the window was replaced.</p>	7/20/17

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	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><u>FINDINGS</u> One pillow in Bedroom #2 ground floor, and another in Bedroom #3 ground floor, did not have plastic covers and had no resident name or initials on them.</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>All of the resident bedroom pillows, including bedroom #2 and #3 on the ground floor, were audited to assure that the residents initials were written on the pillow. Any pillows that were not properly labeled were thrown away. Replacement pillows were properly initialed.</p>	<p>7/20/17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 physician order dated 7/2/17 change the diet orders to "nectar thick liquids." Care plan for "At risk for aspiration" last update 7/17/17 list incorrect liquid consistency.</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>The Case Manager was notified of the deficiency on 7/20/17. The Case Manager revised resident #1 "At risk for aspiration" care plan with the correct "nectar thick liquids" consistency.</p>	<p>7/28/17</p>

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Licensee's/Administrator's Signature: David J Fitzgerald

Print Name: David Fitzgerald

Date: 11/30/17