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Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION
 OFFICE OF HAWAII
 DEH-CHCA LICENSING

Facility's Name: Mary Ann's	CHAPTER 100.1
Address: 745 Puu Kala Street, Pearl City, Hawaii 96782	Inspection Date: February 18, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS Substitute care giver (SCG) #1, no first aid certificate. Submit documentation with the plan of correction (POC).</p>	<p><i>I apologize this happened. SCG #1 first aid certificate has been available right after he finish CNA class, sorry it was an honest mistake on my behalf. In the future, I will try my best to be more careful. regard</i></p>	<p><i>8-20-16</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p>FINDINGS Primary care giver (PCG) and SCG#2, no abbreviations in legend. Leave notification indicating SCG #2 covering from</p>	<p><i>It so happen that one first name initials are the same and it was an overlooked on my part that we don't have our printed name and initial in the legend. In the future I will make sure that PCG and SCG's will sign differently with printed name and initial on legend when recording entries.</i></p>	<p><i>2-18-2016</i></p>

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	3/15/15-4/4/15. However, the medication record reflects the same <u>single letter abbreviation</u> for 3/15/15 - 4/4/15 used prior to leave. PCG reports, "My SCG has same first initial as me".		
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p>FINDINGS Resident #1, no specific charge(s) for services listed in the care home operational policy.</p>	<p>Usually during admission a copy of care home policy is provided to families in which, we fill up forms on everything that we agree most especially payment for service, which we usually give this copy to family. In the future I will make sure that I also have my copy well filled up like the family copy.</p>	2-19-16
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) 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>FINDINGS 1. One (1) large oxygen tank, without a stand in Bedroom #2 closet.</p>	<p>Oxygen tank in Bdn #2 was a set it has a stand only it was stored in the closet in the future I will be more aware when equipment are in use for the residents which was given to me when I called stat medical for more information.</p>	2-18-2016

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>2. No safety sign(s) —“No Smoking – Oxygen in Use” — outside the facility entrance and for the bedroom.</p> <p>Obtain written directions on safe areas to place oxygen tank and signage from the resident’s medical equipment company.</p>	<p>I called stat medical and talk to Hospice nurse who provided the signage + direction about O2 used, in the future I will make sure to be more aware on directions on equipment used. Be more aggressive in getting information regarding safety - expand</p>	<p>2-19-2016</p>

Licensee’s/Administrator’s Signature: *Mary Ann Ford*
 Print Name: MARY ANN FORD
 Date: 7-23-2016

Licensee’s/Administrator’s Signature: *Mary Ann Ford*
 Print Name: MARY ANN FORD
 Date: 8-7-16