

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ohana Hale, L.L.C.	CHAPTER 100.1
Address: 94-1063 Halelehua Street, Waipahu, Hawaii 96797	Inspection Date: May 11, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) . Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Neomycin ointment unsecured in first aid kit.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>Neomycin ointment already removed from the first aid kit.</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>All medicines should be kept and locked at all times and there always be a doctors order or prescription.</p> <p>I will make sure to check first aid kit everyday.</p>	<p>May 11, 2016</p> <p>01-17/17</p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include: Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN; <u>FINDINGS</u> Resident #1 No notation of physician visits by primary care giver on 5/8/15, 6/26/15, 9/5/15, 10/1/15, 10/8/15, 10/21/15, 12/8/15, 12/21/15, 1/21/16, 3/3/16, 3/10/16, 3/11/16, 4/21/16, and 4/29/16.	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>My progress notes already updated to include the afformentioned dates of resident visits to the physician.</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>I will maintain progress notes immediately after patient visit with the doctor or other medical proffesional.</p>	<p>May 11, 2016</p>
	<p>I will make sure to maintain progress note after everytime patient visited the doctor.</p>	<p>01/17/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1 weight loss four pounds 7/15, weight gain three pounds 8/15, weight loss four pounds 9/15, weight loss five pounds 10/15. No documentation by primary care giver that change in physical status reported to physician.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>I notified the MD of indicated weight changes of those dates and RN case manager were also notified of said changes,</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>I will notify patient's physician and RN case manager of weight gain or loss of 3 pounds difference of baseline weight promptly every month. Please note physician ordered weight parameter when to notify him.</p>	<p>May 11, 2016</p>

	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>FINDINGS Resident #2 No plastic pillow protector.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>Pillow of resident #2 already covered with plastic pillow protector.</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>All beds and pillows of each patient shall be covered with plastic protector otherwise label their own pillows or bed with their names only.</p>	<p>May 11, 2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS Substitute care giver #1, three hours continuing education only. Submit documentation of nine additional hours of continuing education with your plan of correction.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>Caregiver #1 submitted education completion certificates after annual visit Completed certificates are already on file</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Caregiver #1 agrees to submit certificate of completion immediately after certificate is recieved.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>I will make sure to check, keep and maintain 12 hours continuing education of all my caregivers before my annual inspection otherwise i wont allow them to work without completion.</p> </div>	<p>September 20, 2016</p> <p style="text-align: right; margin-top: 20px;">01/17/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements</u>, (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 No documentation of current pneumococcal immunization. Submit documentation of pneumococcal immunization with plan of correction.</p> <p>Comment: With all due respect please speak with your supervisor regarding the requirement of pneumococcal immunization for residents less than 65 years old.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>I will insure the resident receive pneumococcal vaccination upon reaching the age of 65 years old and above as per medical insurance guidelines. Per MD Resident #1 is too young yet for pneumococcal immunization</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>Obtain and keep medical insurance guidelines regarding immunization requirements of residents in master file.</p>	<p>June 25, 2016</p>

	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 No documentation care plan reviewed by case manager 1/16, 5/16.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">↑ This POC is ACCEPTABLE ↓</p> <p style="text-align: center;">Submit only Future Plan</p> <hr/> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>I will make sure that the RN Case Manager before he leave the carehome, he will sign proof of review of the care plan</p>	<p style="text-align: right;">2/27/17</p>

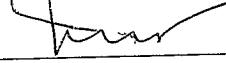
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Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities; <u>FINDINGS</u> 11-100.1-88(c)(8) Resident #1 No documentation of case manager face to face contact with resident 1/16, 5/16.	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">↑ This POC is ACCEPTABLE ↓</p> <hr/> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will make sure that the RN Case Manager before he leave the carehome he will signed proof of face to face of the patient.</p>	<p style="text-align: right;">2/27/17</p>

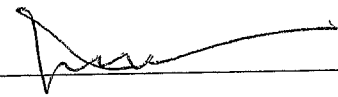
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Licensee's/Administrator's Signature: 

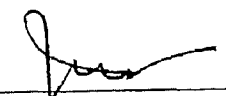
Print Name: JERRY S. FELICITAS

Date: 9/20/16

Licensee's/Administrator's Signature: 

Print Name: JERRY S. FELICITAS

Date: October 31, 2014

Licensee's/Administrator's Signature: 

Print Name: JERRY S. FELICITAS

Date: 01/17/17

Licensee's/Administrator's Signature: 

Print Name: JERRY S. FELICITAS

Date: 02/27/17

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