

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 10, 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.

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JUL 14 2017

Initial: _____

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> Substitute care giver #3 No documentation of training by primary care giver to make medications available and document such action.</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>Substitute Caregiver Training Sheet Already on file. Caregiver #3 was trained right after Nurse consultant left the carehome.</p>	<p style="text-align: right;">05/10/17</p> <p style="text-align: right;">RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> Substitute care giver #3 No documentation of training by primary care giver to make medications available and document such action.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will make sure that no new substitute caregiver will also start working at the carehome without proper training. and proof of training should be on crehome file.</p>	<p style="text-align: center;">05/10/17</p> <p style="text-align: right; font-size: 1.2em; opacity: 0.5;">RECEIVED</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 No progress notes reflecting response to PRN Colchicine made available 11/2/16, 11/3/16, 2/1/17-2/28/17 and PRN Lorazepam made available 1/1/17 – 1/31/17.</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>Progress note for resident #1 already updated (on mentioned dates) right after my nurse consultant left the carehome.</p>	<p style="text-align: center;">05/10/17</p> <p style="text-align: right;">RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 No progress notes reflecting response to PRN Colchicine made available 11/2/16, 11/3/16, 2/1/17-2/28/17 and PRN Lorazepam made available 1/1/17 – 1/31/17.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will always make sure to document and record immediately on my progress notes of any observation of the residents respond to medication of any changes in their condition and report to their doctor, RN case manage and family of any changes immediately.</p>	<p style="text-align: right; vertical-align: middle;">05/10/17</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em; margin-top: 20px;">RECEIVED</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #1 No monthly weights for 2/17, 3/17, 4/17 and 5/17.</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>Resident #1 monthly weights on the mentioned dates already updated on my carehome's Height and Monthly Records.</p>	<p style="text-align: center;">05/10/17</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 No progress notes reflecting physician office visits 9/12/16, 10/27/16, 2/7/17, 3/3/17 and 3/23/17.</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 already updated and have all signed all telephone orders by the physician on my patients progress notes as soon as my nurse consultant left the carehome on the said mentioned dates.</p>	<p style="text-align: right;"><i>[Signature]</i> 05/10/17 05/10/17</p> <p style="text-align: right; font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 No progress note for incident report describing skin tear on 9/28/16.</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>as soon as my nurse consultant left the carehome i already updated my progress notes 09/28/16</p>	<p style="text-align: center;">05/10/17</p> <p style="text-align: right; font-size: 24px; opacity: 0.5;">RECEIVED</p>

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Licensee's/Administrator's Signature: 

Print Name: JERRY S. FELICITAS

Date: 07/14/17

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