

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Golden Age Health Care	CHAPTER 100.1
Address: 94-1141 Lumiauau Street, Waipahu, Hawaii 96797	Inspection Date: March 22, 2018 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	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></p> <p>Resident #1 no indication or documentation that the case manager reviewed the care plans every month. Care plans not reviewed in December 2017 or February 2018.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, I corrected the deficiency by calling the case manager of Resident #1, and let her know about the care plan showing that IT WAS NOT CONSISTENTLY REVIEWED MONTHLY.</p>	<p>3/23/18</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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: Review the care plan monthly, or sooner as appropriate; <u>FINDINGS</u> Resident #1 no indication or documentation that the case manager reviewed the care plans every month. Care plans not reviewed in December 2017 or February 2018.	<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 style="text-align: center;">In the future, I will make sure I sit down with the case manager and client so that after examining the client I review the care plans, I will remind her to document it.</p> <p style="text-align: center;">Case Manager came on</p>	<p style="text-align: center;">3/30/18</p>

Licensee's/Administrator's Signature: Marieta Raquel Picard

Print Name: MARIETA RAQUEL PICARD

Date: 3/30/18 @ 4pm