

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: RCH – Kapalama (DDDH)	CHAPTER 89
Address: 1330 Halona Street, Honolulu, Hawaii 96817	Inspection Date: June 27, 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>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Vacant resident bedroom is being used for storage, and has electronic equipment and a computer system.</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>11-89-12: The vacant resident bedroom no longer is being used for storage and items were removed on 06/28/17.</p>	<p style="text-align: center;">06/28/17</p>

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<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Vacant resident bedroom is being used for storage, and has electronic equipment and a computer system.</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>11-89-12: The Service Supervisor reviewed with the Parent Counselor the standard on 06/28/17. The bedroom will be checked during the monthly on-site visit by the Service Supervisor and documented on the monthly on-site form.</p>	<p style="text-align: center;">06/28/17</p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> For Resident #1, on December 3, 2016, resident was taken to the emergency room due to a fall. Discharge instruction was to apply ice packs 4-6 times a day for 20 minutes. The caregiver entry of that same date noted that ice pack was applied per physician's order and caregiver would monitor. There were no caregiver entries thereafter that described resident's response to treatment.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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Licensee's/Administrator's Signature: _____

A handwritten signature in black ink, appearing to read 'W. Michael Lee', written over a horizontal line.

Print Name: W. Michael Lee, President & CEO

Date: 10/23/17