

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: United Family Care Home, LLC	CHAPTER 100.1
Address: 1328 Molehu Drive, Honolulu, Hawaii 96818	Inspection Date: May 2, 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.

17 OCT 10 AM 17

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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> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u> Resident #1 emergency data sheet not up to date. Not all medications listed.</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 style="text-align: center;"><i>Resident #1 Emergency Data Sheet 5-12/17 updated at once. Missing medication on data sheet added on.</i></p>	<p style="text-align: center;">17 OCT 10 AM 6:17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u> Resident #1 emergency data sheet not up to date. Not all medications listed.</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>1. Post-it notes placed on every Emergency Data sheet on residents' rooms as a reminder to update PPA.</p> <p>2. Review quarterly - mark calendar</p> <p>1. Self reminder on residents chart to update Emergency data sheet (MAM) for new ^{meds} orders or any changes of residents medications every after PCP visit.</p>	<p style="text-align: right;">5/2/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 Admission requirements. (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>FINDINGS Resident #1 no indication that resident received or refused the influenza immunization.</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>Client #1 received influenza immunization accompanied by daughter at K-Mart Stadium. Unfortunately, store closed before daughter could retrieve & request copy of documents. Daughter advised to get documentation for future immunization if taken anywhere thru MD's office. Copy of 2017 immunization enclosed.</i></p>	<p><i>10/12/17</i></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 indication that resident received or refused the influenza immunization.</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> <ol style="list-style-type: none"> 1. Mark calendar to schedule resident # for flu immunization with PCP 5/5/17 2. Reminder notes - to obtain PCP (primary care physician) transfer notes entry on physician order sheet if flu vacc. is given or refused. 3. Self reminder to make notes on resident progress notes if received flu vacc or refused 	

Licensee's/Administrator's Signature:

Heaven Grace V. [Signature]

Print Name:

HEVEN GRACE V. [Signature]

Date:

10/10/17

Licensee's/Administrator's Signature:

Heaven Grace V. [Signature]

Print Name:

HEVEN GRACE V. [Signature]

Date:

1/8/18

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