

State Licensing Section

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<b>Facility's Name: MSI ARCH/Expanded ARCH</b>	<b>CHAPTER 100.1</b>
<b>Address: 99-603 Alia Place, Aiea, Hawaii 96701</b>	<b>Inspection Date: May 26, 2017 Annual</b>

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

RECEIVED

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No annual reevaluation for tuberculosis.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Resident #1 on 6/1/17 obtained PPD skin test. on 7/3/17 obtained PE from primary doctor.</i></p>	<p style="text-align: center;"><i>6/1/17 and 7/3/17</i></p> <p style="text-align: right; vertical-align: bottom;">       17        CT 10        2371     </p>

Rules (Criteria)	Plan of Correction	Completion Date
<p><input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – No annual reevaluation for tuberculosis.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I have to do the following to ensure that such deficiency will not happen again:</i></p> <ol style="list-style-type: none"> <li>1. Prepare all documents at least 3 months before the Annual Audit;</li> <li>2. Review each resident document slowly and using the Reg. PAR 100.1 as key evaluation guide line;</li> <li>3. Ask a second person to evaluate the documents using the same check list / tool we have;</li> <li>4. Do a final review of all documents the week before the audit.</li> <li>5. For all residents, caregivers and household members, require parents I will do the same check list as noted in attachment A to keep track and reminders prior to due date of their requirements.</li> </ol> <p><i>I believe that this strategy, such deficiencies would not happen again.</i></p>	<p style="text-align: center;">2/9/18</p> <p style="text-align: right;">REB</p>

	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><b><u>FINDINGS</u></b> Multiple monthly progress notes do not include observations of Resident #1's response to medications or diet.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Progress notes of resident #1 were completed from May 2016 to May 2017.</i></p>	<p><i>5/28/17 to 6/1/17</i></p> <p style="text-align: right;">17 05 10 25 04</p>

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Licensee's/Administrator's Signature:  PCG

Print Name: MARCELO IDERA

Date: 10/10/17

17 OCT 10 2017

Licensee's/Administrator's Signature: 

Print Name: MARCELO IPERA

Date: 2/9/18

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