

Office of Health Care Assurance

State Licensing Section

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'18 MAY -8 A9 54

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
DOH-DHCA
MEDICARE CERTIFICATION

Facility's Name: Hale Kupuna	CHAPTER 100.1
Address: 1773 Piikea Street, Honolulu, Hawaii 96818	Inspection Date: September 5, 2017

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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 – No annual tuberculosis clearance.</p>	<p style="text-align: center;">PART 1 <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>The following time SCG #1 worked, I counseled her on requirements. She made MD appt. and had proper form filled out.</i></p>	<p style="text-align: right;"><i>9/14/17</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 – No annual tuberculosis clearance.</p>	<p align="center">PART 2 <u>FUTURE PLAN</u></p> <p 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>I have initiated a check list concerning due dates for Residents, Care Givers, and Household members on all required documentation.</i></p>	<p align="center"><i>9/8/17</i></p>

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RECEIVED MAY -8 A9 54 STATE OF HAWAII DOH-OHCA MEDICARE CERTIFICATION	<input checked="" type="checkbox"/> §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: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. FINDINGS SCG #1 and SCG #2 – No training by PCG to make prescribed medications available to residents.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY <i>Training checklist completed for each SCG; these have been placed in my Care Home Manual. I have added this requirement to my list.</i>	 9/10/17

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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> SCG #1 and SCG #2 – No training by PCG to make prescribed medications available to residents.</p>	<p style="text-align: center;">PART 2 <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>I completed and documented training checklist. I have added this requirement along with all other paper work needed before any new care giver can be employed here. It is a check list now ready to use by me, so nothing can be overlooked.</i></p>	<p style="text-align: right;"><i>9/10/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1 – Various entries in resident's record written in blue ink.</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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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1 – Various entries in resident's record written in blue ink.</p>	<p style="text-align: center;">PART 2 <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>I have thrown out all the blue pens where resident's records are kept. I have instructed all CO's that all notations must be made in black and have a post note by all records stating this. (Each client chart ⊕ our Care Home Manual)</i></p>	<p style="text-align: center;"><i>2/10/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – Inventory of resident's possessions not updated since 2015.</p>	<p style="text-align: center;">PART 1 <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>Along with SCB #2, I updated inventory for 2016 (Only change is new shirt his sister buys for Christmas) and did 2017, as Resident #1 started using elastic waist pants like pajamas and sister brought three pairs, and another Christmas shirt.</i></p>	<p><i>9/6/17</i></p>

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Initial: _____

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – Inventory of resident's possessions not updated since 2015.</p>	<p style="text-align: center;">PART 2 <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>Along with my check list reminder for due date requirements, I have listed to update all resident accounts as needed, especially beginning of year inventory list for each.</i></p>	<p><i>Ongoing</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> SCG #3 – No continuing education hours completed in the past year.</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>SCG #3 has completed this requirement 3/1/18 We believed the M.D. reviewer was acceptable</i></p>	<p style="text-align: center;">RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> SCG #3 – No continuing education hours completed in the past year.</p>	<p style="text-align: center;">PART 2 <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>Since SCG #3 completed last year's Education hours, I have implemented a check list for my self and all CG's to complete 3hrs Education each month and I'm checking their certificates as I document them on my check list</i></p>	<p>3/3/18</p>

Licensee's/Administrator's Signature: Barbara Weber

Print Name: BARBARA WEBER

Date: 2/28/18

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STATE OF HAWAII
DOH-OHCA
MEDICARE CERTIFICATION

Licensee's/Administrator's Signature: Barbara Weber RN/CHD
Print Name: Barbara Weber RN/CHD
Date: 5/2/18