

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|---|--------------------------------------|
| Facility's Name: JRR ARCH | CHAPTER 100.1 |
| Address: 94-564 Anaaina Place, Waipahu, Hawaii 96797 | Inspection Date: May 24, 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>§11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #2 – Weight not taken on admission.</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>#2 Resident has no weight upon admission because his weight doesn't read on the weighing scale. IN march of 2017 i found out that Pali Momi hospital has a weighing scale that can read his weight so that's where we go every month to get his weight since March.</p> | <p>11-6-17</p> <p style="text-align: right;">17 NOV -8 AM 1:04</p> |

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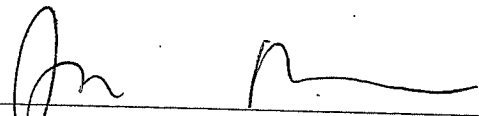
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Description of fire drill held on 10/6/2016 left blank.</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>On May 24, 2017 as soon as my nurse supervisor went home i fill in the FIRE DRILL papers for the day and described what happen on the fire drill since the participant are there, on the papers.</p> | <p style="text-align: center;">11-6-17</p> <p style="text-align: center;">17 NOV -8 AM 1:04</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Resident #1 – 5/9/2017 Case Manager medication list did not reflect updated medication orders from 4/12/2017:</p> <ul style="list-style-type: none"> • Vitamin B Complex – 1 tab by mouth once daily • Calcium Carbonate 600 mg + Vitamin D3 400 IU – 1 tab by mouth twice daily • Vitamin D3 2000 IU – 1 tab by mouth once daily | <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 informed CM regarding the deficiency and she is aware of it. She updated in her Med medication record. We agreed that any changes or updates w/ medication i have to inform her + she will update it in the her medication record + i will double check if it's updated and make sure she will sign or initial + date the updates</p> | <p style="text-align: right;">4-11-18</p> |

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Licensee's/Administrator's Signature:



Print Name:

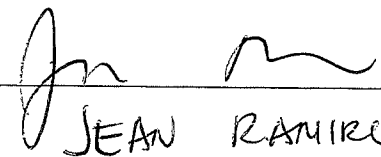
JEAN RAMIRO

Date:

11-6-17

17 NOV -8 AM 11:04

Licensee's/Administrator's Signature:



Print Name:

JEAN RAMIREZ

Date:

4-11-18