

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Aina Haina ARCH	CHAPTER 100.1
<b>Address:</b> 237 East Hind Drive, Honolulu, Hawaii 96821	<b>Inspection Date:</b> January 11, 2017 – Annual Inspection

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

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a)  All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b>FINDINGS</b>  Substitute care giver (SCG) #1 – No physical exam.</p>	<p style="text-align: center;"><b>PART 1</b>  <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>Collective Action:  – SCG #1 Physical exam done on 02/09/2017.  (see attached sheet)</p>	<p>02/15/2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (a)	<p style="text-align: center;"><b>PART 2</b> <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>In the future, I will make sure that all substitute care givers and me will have physical exam done once a year. I will make my own checklist of all required by Doh such as P.E., TB Test, CPR, First Aid, household infections when they are due. This checklist will be posted on my bulletin board as my reminder.</p>	02/15/2017

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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><b>FINDINGS</b>  SCG #1 – No initial or annual tuberculosis clearance.</p> <p>10:10</p>	<p><b>PART 1</b>  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Corrective Action:</i>  – SCG #1 TB Test done on 02/09/2017 (see attached sheet)</p>	<p>02/15/2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (b)	<p style="text-align: center;"><b>PART 2 FUTURE PLAN</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>In the future, I will make sure that all substitute care givers and me will have <sup>TB Test</sup> <del>Physical Exam</del> done once a year. I will make <del>at</del> my own checklist of all required by DOH such as P.E., <del>EB (Physical Exam)</del> <sup>TB Test</sup>, CPR, First Aid, household infections when they are due. This checklist will be posted on my bulletin board as my reminder.</p>	02/15/2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b>FINDINGS</b> SCG #1 - No first aid certification.</p>	<p style="text-align: center;"><b>PART 1</b> <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>Collective Action: - SCG #1 First Aid certification done on 02/10/2017 (see attached sheet)</p>	<p>02/15/2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (e)(3)	<p style="text-align: center;"><b>PART 2</b> <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>In the future, I will make sure that all substitute care givers and me will have <sup>First Aid certification</sup> <del>physical exam</del> done once a year.</p> <p>I will make my own checklist of all required by DOH <del>such</del> such as P. E., TB Test, CPR, <sup>First Aid</sup> <del>First Aid</del>, household infections when they are due. This checklist will be posted on my bulletin board as my reminder.</p>	02/15/2017

	Rules (Criteria)	Plan of Correction	Completion Date
<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><b>FINDINGS</b> SCG #1 – No training from primary care giver on how to give prescribed medications, or properly record such actions.</p>	<p style="text-align: center;"><b>PART 1</b> <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>Collective Actions:</i> - Trained my SCG #1 on how to give prescribed medications and how to document it on medications records. Training completed on 2/2/2017 (see attached sheet)</p>	<p>02/15/2017</p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (e)(4)	<p style="text-align: center;"><b>PART 2</b> <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>In the future, I will make sure that all my substitute care givers will receive proper training on how to administer prescribed medications and how to document it on medications record. I will use the DOH checklist to train new SCG.</p>	02/15/2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Physician order on 11/14/2016 for Resident #1 reads, "D3-5 5000 IU, take 1 cap by mouth on Mondays and Fridays." Medication administration record states medication was given every day in January thus far (January 11, 2017) instead of only on Mondays and Fridays.</p>	<p style="text-align: center;"><b>PART 1</b> <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>Collective Actions:</i> I made a corrections on my medication records on Resident #1 regarding the dates from January <del>the</del> 1, 2017 — January 11, 2017 that should be done only on Mondays and Fridays. I crossed <del>out</del> out and initialed the Tuesdays, Wednesdays, Thursdays, Saturdays, and Sundays.</p>	<p style="text-align: right;">02/15/2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-15 (e)	<p style="text-align: center;"><b>PART 2</b> <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>In the future, I will make sure that every time I give medications and then sign it. I will pay more attention what I am initialed on medications records, and I have to make sure that I followed the physician's order and document it correctly on the medication administration record.</p>	<p style="text-align: right;">6/14/2017</p> <p style="text-align: right;">17 JUN 15 01:02</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (4) In addition to the requirements in subchapter 2 and 3:</p> <p>A substitute care giver who is trained by the primary care giver with the assistance of the registered nurse or case manager and meets the requirements as set forth in section 11-100.1-9, shall take charge of an expanded ARCH during an expanded ARCH primary care giver's absence or inability to perform regular duties;</p> <p><b>FINDINGS</b> SCG #1 – No training received from primary care giver with the assistance of the case manager, and requirements set forth in section 11-100.1-9 not met.</p>	<p style="text-align: center;"><b>PART 1</b> <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>Collective Action:</i> <i>SCG #1 has been trained by me with the case manager. Training done on 02/15/2017</i> <i>(See attached sheet)</i></p>	<p style="text-align: center;"><i>02/15/2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-83 (4)	<p style="text-align: center;"><b>PART 2</b> <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>In the future, I will make sure that all my SCGS shall received training by me with the case manager anytime I admitted an expanded care clients. I will make my own checklist of all required by DOH such as P.E., TB Test, CPR, First Aid, Household infections when they are due. This checklist will be posted on my bulletin board as my reminder.</p>	<p style="text-align: center;">6/14/2017</p> <p style="text-align: center;">17 JUN 15 AM 10:02</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input 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><b>FINDINGS</b> SCG #1 – No continuing education hours completed.</p>	<p style="text-align: center;"><b>PART 1</b> <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>Collective Action:</i> <i>SCG #1 continuing education 12 hours completed on 2/10/2017. (see attached sheet)</i></p>	<p><i>02/15/2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-83 (5)	<p style="text-align: center;"><b>PART 2</b> <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>In the future, I will make sure that 12 hours continuing education will be done within one year period to all my caregivers, including myself. I will make my own checklist of all required by DOH such as P.E., TB Test, CPR, First Aid, Household infections <del>when</del> when they are due. This checklist will be posted on my bulletin board as my reminder.</p>	<p style="text-align: right;">06/14/2017</p> <p style="text-align: right;">17 JUN 16 AM 1:02</p>

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