

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E & R	CHAPTER 100.1
Address: 3034 Kalihi Street, Honolulu, Hawaii 96819	Inspection Date: February 17, 2015 Annual

	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><u>FINDINGS</u></b> Substitute care giver #2 annual physical exam expired 2/8/15.</p>		
<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><u>FINDINGS</u></b> Substitute care giver #1 No current first aid certification.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1)  The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b>FINDINGS</b>  Substitute care giver #1 No current CPR certification.</p>		
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (e)  A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><b>FINDINGS</b>  Metal stem thermometer only measures hot.</p>		
☒	<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>FINDINGS</b>  Resident #1 No annual TB clearance.</p>		
☒	<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</p>		

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	<p>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>FINDINGS</b> Resident #1 No progress notes to reflect response to PRN medication given 4/25/14 – 4/30/14 (“Melatonin”) and 7/30/14 (“Acetaminophen”).</p>		
<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><b>FINDINGS</b> Resident #1 No documentation of pneumococcal immunization.</p>		

Licensee/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_