

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Medy's ARCH II	CHAPTER 100.1
Address: 1229 Ala Pili Loop, Honolulu, Hawaii 96818	Inspection Date: June 8, 2018

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

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	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><u>FINDINGS</u> Resident #1 – No annual tuberculosis clearance.</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>Last TB Risk Assessment and Attestation screening for resident #1 was done on 4/11/17, copy attached, Resident #1 was scheduled for a follow up visit & TBRAAS with his PCP on 6/12/18. Unfortunately resident #1 was brought to TAMC ER and later admitted. Request had been made to attending physicians in the hospital to do TBRAAS while being confined and needed the form before being admitted back to the facility. Resident's condition worsened, didn't return to the facility. Resident #1 was discharged to St. Francis Hospice Facility instead on 6/20/18</i></p>	<p style="text-align: right;"><i>6/20/18</i></p>

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☒	<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><u>FINDINGS</u> Resident #1 – No annual tuberculosis clearance.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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> <ol style="list-style-type: none"> 1. In the future, I shall make a master schedule of each resident's annual physical examination, PPD and TBRAAS, date last done and next due date. 2. I shall enter and record in the calendar, check the calendar every month to review what are scheduled for that month. 3. I shall check and go over the master schedule and calendar every month ✓ off what was done and what was missed. 4. Before each scheduled visit with the doctor, I shall review the chart and make a note/reminder on the front cover of the chart what needs to be accomplished during the visit. 5. I shall enter/record in the Nurses Notes immediately after the visit what was done and review it again when writing the "Monthly Nursing Summary" 	<p style="text-align: right;">6/20/18</p>

Licensee's/Administrator's Signature: M. DeLara

Print Name: MEDIATRIX DE LARA

Date: 6/22/18