

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Flojo's Quality Affordable Care Home	CHAPTER 100.1
Address: 1159 Kuokoa Street, Pearl City, Hawaii 96782	Inspection Date: February 2, 2018 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> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u> Resident #1 Emergency data sheet dated 4/8/16 is not correct. I.e., medication list not current, TB test results not current, case management services discontinued, Hospice services and diet orders are not listed.</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>The Emergency Information on Resident #1 was not updated because I thought that most of the information were the same and the Date of Completion (04/08/2016) was also the Date of Admission (04/08/2016).</p> <p>I corrected the deficiency by using the Revised copy of the Emergency Information dated 04/21/2014. I updated the date of completion as 02/02/2018, attaching current medication record as 02/2018, updating TB result as 03/16/2017. Case management discontinued 09/01/2017 and Hospice care effective 09/01/2017. Diet order added = Regular solid pureed nectar consistency thickened liquid with thick-it. I was using old form dated 07/01/2008. Effective immediately, I am using the revised form.</p>	<p style="text-align: center;">8/27/2018</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services. (c)(3)</u> 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>Review the care plan monthly, or sooner as appropriate;</p> <p>FINDINGS Resident #1. Family discontinued case management services on 9/1/17. No written request submitted pertaining to waiving case management services for a hospice resident.</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 8/30/2017, APRN came for follow-up check-up visit and daughter wanted comfort measures and no 911 calls for resident #1 APRN ordered Hospice. Resident was referred to Island Hospice.</p> <p>Island Hospice RN came to asses and admitted resident #1 to Hospice on 9/1/2017. Daughter was present.</p> <p>Without my knowledge, daughter called case manager (on vacation) and discontinued case management effective 9/1/2017. A week later, case manager returned from vacation and informed me that daughter discontinued case management services. Daughter confirmed call to case manager.</p> <p>While resolving the issue of discontinuing case management under Hospice between daughter and case manager. I over-looked in submitting a written request to waive case management to DOH in timely manner.</p> <p>Submitted a written request to waive case management while on hospice care on 2/6/2018. Re-submitted it on 2/13/2018.</p>	<p>8/27/2018</p>

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Licensee's/Administrator's Signature: CMB Lloyd

Print Name: CECILE B. FLOOD

Date: 2/6/2018

Licensee's/Administrator's Signature: CMB Lloyd

Print Name: CECILE B. FLOOD

Date: 8/27/2018