

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: <b>A.C.T.G. Gallegos IV</b>	<b>CHAPTER 100.1</b>
Address: <b>1530 Piikea Street, Honolulu, Hawaii 96818</b>	<b>Inspection Date: March 14, 2016 Annual</b>

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b><u>FINDINGS</u></b> Resident #1 list of possessions not updated since 2014, should be updated yearly to remain current.</p>		
<input checked="" 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>		

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
	<p><b><u>FINDINGS</u></b>            Care giver #1 two (2) hours short of the required 12 of continuing education. <b>Submit two (2) hours of CEUs with your plan of correction (POC).</b> The two (2) hours submitted cannot be used for the 2017 inspection.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9)            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>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><b><u>FINDINGS</u></b>            Resident #1 no evidence that case manager conducted training or monitored care givers' skills since 2013. Skills should be monitored on a yearly bases.</p>		

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

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

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