

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Golden Years Adult Residential Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-480 Niulii Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: December 19, 2017 Annual</b>

**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>§11-100.1-9 <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></p> <p>Substitute Care Giver #1 no current First aid certification on file.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><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>Substitute Care Giver #1 has completed a First Aid Training and is now certified. Current Certificate is now on file.</p>	<p>12/27/2017</p>

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<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></p> <p>Substitute Care Giver #1 no current First aid certification on file.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><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><i>In the future, I will make sure that all substitute caregivers undergo First Aid Training and obtain First Aid Certificate to be kept on file so that this deficiency does not happen again. I will mark the calendar to remind me.</i></p>	<p style="text-align: right;">12-27-2017</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u></b></p> <p>Resident #1 no evidence of influenza immunization or refusal on file.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><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 style="text-align: center;"><i>Resident #1 received influenza immunization at Walgreen's Waipahu, evidence on file.</i></p>	<p style="text-align: center;"><i>12-28-2017</i></p>

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<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><u>FINDINGS</u></b></p> <p>Resident #1 no evidence of influenza immunization or refusal on file.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><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>Will schedule doctors' appointment during flu vaccination months, and if doctors' schedule is full during those months, will seek alternate sources eg (pharmacy) where resident can receive the immunization in order to keep immunizations current for all residents, so that this deficiency does not happen again in the future.</p>	<p>12-28-2017</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u>  (a)  Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><b><u>FINDINGS</u></b></p> <p>Resident #1 became expanded level of care on 8/2/17. No case manager hired until 10/5/17.</p>	<p><b>PART 1</b></p> <p><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><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u>            (a)            Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><b><u>FINDINGS</u></b></p> <p>Resident #1 became expanded level of care on 8/2/17. No case manager hired until 10/5/17.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><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><i>In order to prevent similar deficiency from happening in the future, when a resident becomes expanded level of care, the family will be given a week to hire a Case Manager and if unable, said resident will be discharged to another facility.</i></p> <p><i>Will prepare the resident's family ahead of time when resident condition changes requiring services of a case manager. If family refuses a 30 (thirty) day written notice for discharge from this facility will be given.</i></p>	<p><i>2-21-2017</i></p> <p><i>1-5-2018</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) 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><b><u>FINDINGS</u></b></p> <p>Resident #1 no evidence that care plan/ service plan reviewed or updated every month. The plan stated, "Review and update every 6 months, if not occurred earlier due to the occurrence of a significant event."</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><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 style="text-align: center;"><i>Case Manager notified of findings. Care plan reviewed, late entry for Case Manager visits on 11-3-2017 &amp; 12-04-2017 made. Plan corrected to state "review and update every month or sooner when there is a change in resident's condition"</i></p>	<p style="text-align: center;">12-21-2017</p> <p style="text-align: center;">12-21-2017</p>



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Licensee's/Administrator's Signature: Elaine B. Victoria

Print Name: ELAINE B VILORIA

Date: 05 January 2018