

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Island Living	CHAPTER 100.1
Address: 92-1269 Umena Street, Kapolei, Hawaii 96707	Inspection Date: January 5, 2017 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures.</p> <p><u>FINDINGS</u> Operational Policy- under "Types of Accommodations" reads, "wheelchair <u>x</u>". However, "x" does not reflect the licensed capacity for two (2) wheelchair residents. On January 5, 2017, census included two (2) residents using wheelchairs and one resident confined to the bed.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(2) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Arranging for transfer or placement of a resident at an emergency shelter or crisis response unit, as appropriate;</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><u>FINDINGS</u> Repeat (2016) Emergency/Disaster Guidelines, No specific location for temporary housing in the event of a fire when residents are unable to live in the facility. A park recreation center is not acceptable temporary housing following a fire.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> No lathering hand soap at the kitchen sink.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> No thermometer in the resident refrigerator.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1, medication administration record (MAR) does not reflect order. Medication order reads, "<u>Aldronate sodium</u> 70 mg i Q week"; MAR reads, "<u>Fosamax</u> 70 mg i Q week". Order written for a generic drug, not a trade name drug.</p>		

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☒	<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 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><u>FINDINGS</u> Resident #1, monthly progress notes:</p> <ol style="list-style-type: none"> 1. Diet order reads, "<u>As tolerated</u>". However, monthly progress notes read, "<u>Regular, no added salt</u>"; Diet order clarification needed for a standard diet order. 2. Activity schedule dated April 2016 reads, "range of motion (ROM) every morning and afternoon". No resident response to ROM in the progress notes. 		
☒	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p>		

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	<p><u>FINDINGS</u> On January 5, 2017, three (3) residents certified as non-self preserving.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Bedroom #5, licensed by the department and vacant, bedroom closet contains three (3) headboards.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) 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>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1, no documentation for a six (6) month assessment by the case manager to review and update the care plan.</p>		

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____