

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Martha's	CHAPTER 100.1
Address: 516 Ihe Street, Honolulu, Hawaii 96817	Inspection Date: March 7, 2017 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.

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

18 OCT 26 PM 2:19

RT 10/26/18

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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 No monthly progress note from 3/16 to 11/16.</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>① I did complete the missing progress note from the 3/16 to 11/16.</p> <p>② It will never happen again.</p>	<p style="text-align: center;">5/12/17</p> <p style="text-align: right; font-size: small;">17 MAY 19 09:20</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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 No monthly progress note from 3/16 to 11/16.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>① My future plan that I will ^{do} a weekly check list of the monthly progress.</p> <p>② Monthly progress note will be complete + done at the end of every month.</p> <p>It will not happen again.</p>	<p>5/12/17.</p> <p>17 MAY 18 PM 2:20</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 No progress notes reflecting physician office visits on 9/22/16 and 12/5/16.</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>① I did complete the progress notes on physician office visit on 9/22/16 & 12/5/16.</p> <p>② It will never happen again.</p>	<p style="text-align: right; font-size: 2em;">5/17/17.</p> <p style="text-align: right; font-size: 0.8em;">MAY 18 12:20</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 No progress notes reflecting physician office visits on 9/22/16 and 12/5/16.</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> <p>① My future plan :-</p> <p>② I will write in my progress note after the Dr visit</p> <p>③ I will check monthly all the Dr visit is completely write in the progress note</p> <p style="text-align: right;">Maata Taulola CHH.</p>	<p style="text-align: right;">18 OCT 26 12:19</p> <p style="text-align: right;">STATE OF HAWAII DUII LINA STATE LICENSING</p>

Licensee's/Administrator's Signature: Maata Taumalolo
Print Name: Maata Taumalolo
Date: 5/17/17

Licensee's/Administrator's Signature: Maata Taumalolo
Print Name: Maata Taumalolo
Date: 10/10/18

17 MAY 18 PM 2:20