

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rose Hwang's Care Home	CHAPTER 100.1
Address: 1755 Palamoi Street, Pearl City, Hawaii 96782	Inspection Date: March 23, 2017 Annual

	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 documentation for response to PRN Tylenol 500 mg made available 3/1/16, 4/28/16, 9/27/16, 10/4/16, 10/5/16, and 10/7/16.</p>		
<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</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 No documentation reflecting physician office visits 4/1/16, 4/2/16, 5/2/16, 7/21/16, 8/2/16, 8/5/16, 11/30/16, 1/10/17 and 2/7/17.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1 No documentation reflecting report of weight changes to resident's physician; weight loss 5 lbs. (7/16) weight gain 5 lbs. (1/17) and weight loss 6.4 lbs. (3/17).</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(3)(B) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Doors:</p> <p>When multiple locking devices are used on exits, a maximum of two locking mechanisms for egress shall be allowed;</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<u>FINDINGS</u> Fire exit #2 Three operative locks.		

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____