

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Beyond Limits Now L.L.C.	CHAPTER 100.1
Address: 1783 Pilkea Street, Honolulu, Hawaii 96818	Inspection Date: September 7, 2018 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. FINDINGS Substitute care giver #1, no documentation of training to make medications available to residents.	<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><i>C #1 has been doing all this for 14 years. Not sure if form was needed then. His CNA's already trained in all ADL's. Form completed. I have all 5 medications sig. I have occasion to have more. C's I will immediately train & complete form.</i></p>	<p style="text-align: right;"><i>9/24/18</i></p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it. <u>FINDINGS</u> Resident #1 admitted on 7/23/18, no documentation of the level of care determined by the physician or APRN prior to admission.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (F) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. FINDINGS Resident #1 physician order on 8/15/18 read, "Polyethelene Glycol (Miralax) 3350 17grams dose powder take 17grams with breakfast"; however, medication not transcribed in the medication administration record (MAR).	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Review order read? As needed by Constipation? Was correct sheets when Ras #1 needed it. I forgot to include it when he started with his diarrhea LBM. I made med sheet, yet the nurse uses it anymore. NP with today & did it.</i></p>	<p style="text-align: right;"><i>9/24/18</i></p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; FINDINGS No documentation of fire drill conducted on August 2018.	<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 style="text-align: center;"><i>Fire drill not done alone; I mark calendar as reminders, get I forgot to record it see form</i></p>	<p style="text-align: center;"><i>9/29/18</i></p>

Licensee's/Administrator's Signature: Barbara Leiber

Print Name: Barbara Leiber

Date: 9/24/18

Licensee's/Administrator's Signature: Barbara Leiber

Print Name: Barbara Leiber

Date: 11/30/18