

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rose Hwang	CHAPTER 100.1
Address: 1755 Palamoi, Pearl City, Hawaii, 96782	Inspection Date: March 23, 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.

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.

STATE OF HAWAII
OFFICE OF
STATE LICENSING

'18 DEC 11 P 1:51

RECEIVED

	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>FINDINGS 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>	<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>Yes, corrected the deficiency.</p> <p>3/1/16 - for fever reduce - she had no fever at 7:30am.</p> <p>• PCG noted on Progress Note (bottom of the sheet) sheet that she came back to normal "No fever", at 7:30am on 3/1/16.</p> <p>4/28/16, 9/27/16, 10/4/16, 10/5/16, and 10/7/16; Tylenol ^{500mg 1/2 tab} was assisted because of her lower back pain due to slide down the bed on 1/7/16</p> <p>• No complain^{of pain} after Tylenol 500mg 1/2 tab. 3/23/17</p>	<p style="text-align: right;">3/23/17</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 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>	<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>PCET will check the progress notes at the end of each month to ensure resident's response to medications are documented.</p> <p>For PRN medications that were administered to the residents, response must be documented timely manner. 12/11/18</p>	<p style="text-align: center;">'18 DEC 11 P1</p>

STATE OF HAWAII
BOH-COLICA
STATE LICENSING

RECEIVED

	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 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>	<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>Yes, corrected the deficiency.</p> <p>PCG uses Narrative Notes form to record all notation of visits and concerns discuss about residents by physicians or professional personnel.</p>	<p style="text-align: right;">3/23/17</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>FINDINGS 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>	<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>PCG will use Narrative Note forms to record all doctor's visits.</p> <p>PCG will sure to document at the end of day after each doctor's visit.</p> <p>PCG will review residents binder every month to ensure documents are completed</p>	<p style="text-align: center;">18 11/1/18</p>

STATE OF HAWAII
DEPARTMENT OF
HEALTH
STATE LICENSING

RECEIVED
11/1/18
P1:51

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>	<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>Yes, corrected the deficiency.</p> <ul style="list-style-type: none"> • (7/16) PCG changed the scale from analog to digital in July, 2016. • Resident #1 had excellent appetite, increased on intakes in January, 2017 after the holiday goods. • Resident #1 loss interest in ADL. <p>However, PCG understood clearly if significant changes to weight 5 lbs. or over or less, PCG sure will let the physicians know & be sure to recorded in the Progress Note.</p>	<p style="text-align: right;">3/23/17</p>

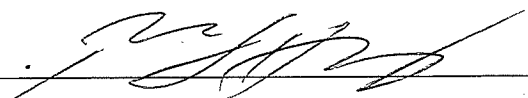
the physicians know & be sure to recorded in the Progress Note.

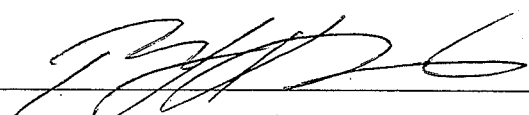
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's 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>	<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>PCG will check the residents weight each month (every 17th of each month), and if residents weight is 5 lbs gain/loss, PCG will document in the progress notes, and will let the physician know with the changes.</p> <p>PCG will review the residents binder at the end of each month to make sure all documents are completed.</p>	<p style="text-align: right;">12/11/18</p>

RECEIVED
 18 DEC 11 15:51
 STATE OF OHIO
 BOARD OF NURSING
 LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> <p><u>FINDINGS</u> Fire exit #2 Three operative locks.</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>Yes, corrected the deficiency.</p> <p>After the inspection done, PCG took off upper lock (double lock).</p> <p>Now only one lock for Exit 2. and one screen security door.</p>	<p style="text-align: right;">3/23/17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> <p><u>FINDINGS</u> Fire exit #2 Three operative locks.</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 style="text-align: center;">PCG will create a note or reminder to use maximum of two locking devices for each EXIT and place the note inside the ARCH binder for future reference.</p>	<p style="text-align: right;">12/11/18</p> <p style="text-align: right;">'18 DEC 11 P1:51</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right; font-size: small;">PERFORMING</p>

Licensee's/Administrator's Signature: 
Print Name: Rose Hwang
Date: 10/13/18

Licensee's/Administrator's Signature: 
Print Name: Rose Hwang
Date: 12/11/18