

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Santos, Norma (ARCH)	CHAPTER 100.1
Address: 4240 Keaka Drive, Honolulu, Hawaii 96818	Inspection Date: October 11, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver (PCG) shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS Resident #1- No readmission assessment by Primary Care Giver (PCG) for 6/3/18.</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>Readmission Assessment for Resident #1 was completed by Primary Care Giver (PCG) on 10/11/18.</p>	<p>10/11/18</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1- No readmission assessment by Primary Care Giver (PCG) for 6/3/18.</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>As a preventive measure in the future, an ARCH Admission Checklist was created to ensure that documentation of Primary Care Giver's assessment of resident is made upon admission, re-admission or transfer of a resident and will be made available for the department's review.</p> <p>The ARCH Admission Checklist consists of the following documents needed at the time of admission:</p> <ul style="list-style-type: none"> • Physical Examination • T.B. Clearance 	<p>10/11/18</p>

(continued on next page)

(Continued from Page 3)

- Evidence of Pneumococcal Vaccination
- Evidence of Influenza Vaccination
- Physician Level of Care Certification
- Medication Orders / Treatment Orders
- Diet Orders
- Self Preserving Documentation
- Transfer Summary
- Assessment / Care Plan
- Operator and Substitute Training

Documents to Complete on the Day of Admission of All Residents:

- Policy and Resident Rights
- Height and Weight Documented
- DPOA (Durable Power of Attorney) / Advanced Directive (as applicable)
- Inventory of Clothing and Valuables
- Emergency Information from Family
- Complete Resident Register
- Financial Statement

The ARCH Admission Checklist will be placed in the Resident's Folder or attached to the outside of the folder as a reminder to obtain all required documents. All documents received will be checked off the list and incomplete documents will be highlighted to indicate a pending status. Removable tabs may be used for notes. The Primary Care Giver will be responsible to have the Substitute Care Giver double check the ARCH Admission Checklist to ensure all the requirements are completed. This checklist will help to establish consistency and completeness during the admission process. (See attached checklist)

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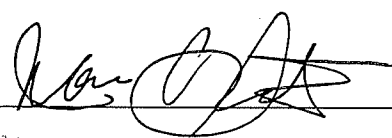
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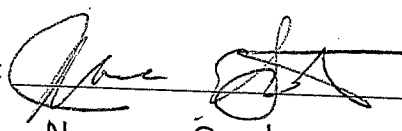
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1- No current documentation of tuberculosis clearance.</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>A tuberculin skin test was performed for Resident #1 at the Lanakila Health Center by a MD-MPH of the Tuberculosis Control Branch, which resulted in a Negative TB Test. A tuberculosis clearance was issued on 10/26/18.</p>	<p>10/26/18</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1- No current documentation of tuberculosis clearance.</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>As a preventive measure in the future, a checklist was created to ensure that documentation of current tuberculosis clearance is completed and made available for the department's review. The checklist will include documents needed for residents (annually) such as Physical Examination, T.B. Clearance and Emergency Information Update. It will be placed in the Resident's Folder or attached to the outside of the folder as a reminder to obtain the required documents. All documents received will be checked off the list and incomplete documents will be highlighted to indicate a pending status. Removable tabs may be used for notes. The Primary Care Giver will be responsible to have the Substitute</p>	<p style="text-align: center;">10/26/18</p>

Care Giver double check the checklist.

(See attached checklist)

Licensee's/Administrator's Signature: 
Print Name: Norma Santos
Date: 12/7/18

Licensee's/Administrator's Signature: 
Print Name: Norma Santos
Date: 11/8/18