Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Blue Ocean Care Home	**CHAPTER 100.1**
Address: **91-1030 Keoneae Place, Ewa Beach, Hawaii 96706**	**Inspection Date: March 5, 2019 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
☒	§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. **FINDINGS** Resident #1 – No documented evidence of level of care on admission by a physician.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I went to see the doctor on Friday (3/8/19) and recived the diggnosed level of care by physition.	3.8.19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – No documented evidence of level of care on admission by a physician.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** After I receive the level of care from the doctor, I will be sure verify if the level of care is properly completed. Also, I'll ask to my substitute to check the level of care to make sure it is completed correctly.	3.8.19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – Monthly progress notes dated July 2018 to February 2019 did not include resident's response to the plan of care.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I completed the plan of care for resident #1 in March reflecting the resident's responce to the plan of care.	3.6.19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: 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; **<u>FINDINGS</u>** Resident #1 – Monthly progress notes dated July 2018 to February 2019 did not include resident's response to the plan of care.	**PART 2** **<u>FUTURE PLAN</u>** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I'll continue the plan of care to indicate the resident's responce. Also I'll create a log to verify if I complete the plan of care showing the resident's responce. The log will help me to remember.	3.6.19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Review the care plan monthly, or sooner as appropriate; **FINDINGS** Resident #1 – No documented evidence of case manager's monthly review of care plan.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1's case manager completed her review of the care plan and she forwarded it to me. Subsequently, I included this information in my chart	3-6-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Review the care plan monthly, or sooner as appropriate; **FINDINGS** Resident #1 – No documented evidence of case manager's monthly review of care plan.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I'll make sure that I receive the monthly review of care plan from Resident #1's case manager. Also, I will create a log to verify if I receive the monthly review of care plan. This log will help me to remember.	3.6.19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities; **FINDINGS** Resident #1 – No documented evidence of face-to-face contacts with expanded ARCH resident every thirty (30) days.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1's case manager had the documentes to confirm evidence of face to face contact with resident #1 every thirty (30) days. Resident #1's case manager forworded the necessary documents as evidence.	3.6.19

STATE OF HAWAII
DEPT. OF HUMAN SERVICES

'19 APR -8 P3:59

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities; **FINDINGS** Resident #1 – No documented evidence of face-to-face contacts with expanded ARCH resident every thirty (30) days.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I'll make sure to receive those documentes as evidence of face to face contact with resident # 1 every thirty (30) days. Also, I'll create a log to verify that I received the evidence of face to face contact with resident # 1 every thirty (30) days. The log will help me to remember	3.6.19

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

'19 APR -8 P3:59

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate; **FINDINGS** Resident #1 – No documented evidence of a comprehensive reassessment every six (6) months.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1's case manager had the comprehensive reassessment for January 2019. Shortly after I requested for it she forwarded the documented evidence.	3.6.19

STATE LICENSING

'19 APR -8 P3:59

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF HAWAII
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STATE LICENSING

'19 APR -8 P4:00

Licensee's/Administrator's Signature: C. Kimoto

Print Name: Kimoto, Soakyang

Date: APR 05 2019