

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Analani ARCH, LLC	CHAPTER 100.1
Address: 98-137 Kaluamoi Place, Pearl City, Hawaii 96782	Inspection Date: April 10, 2019

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.

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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)(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 - Progress Notes from 4/2018 through 4/10/18:</p> <ul style="list-style-type: none"> Do not include observations of the resident's response to treatment and care plan related to turning bed bound resident "q 2 hours side to side" per RN Care Manager's care plan. 	<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>THE PROGRESS NOTES WERE REVISITED & UPDATED TO INCLUDE THE RESIDENT'S RESPONSE TO TREATMENT & REPOSITIONING EVERY 2 HOURS. ALL MONTHLY PROGRESS NOTES WERE REVIEWED FOR COMPLETENESS.</p>	<p style="text-align: center;">04/10/19</p> <p style="text-align: center;">19 MAY 10 P1:43</p>

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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)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 – No flowsheet in resident’s record describing treatments and services rendered related to turning bed bound resident “q 2 hours side to side” per RN Care Manager’s care plan (i.e. date, time, and who rendered service)</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 FLOWSHEET WAS CREATED TO ACCURATELY REFLECT THE RESIDENTS REPOSITIONING EVERY 2 HOURS. THE FLOWSHEET INCLUDES THE DATE, TIME, POSITION & CARE GIVER WHO RENDERED CARE. ADDITIONALLY, A SIGNAGE WAS POSTED AT THE RESIDENTS BEDSIDE TO REMIND ALL CARE GIVERS OF THE TIMES & POSITIONS EVERY 2 HOURS.</p>	<p style="text-align: right;">04/10/19</p> <p style="text-align: right;">19 MAY 10 P 1:43</p> <p style="text-align: right; font-size: small;">STATE LICENSING</p>

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Licensee's/Administrator's Signature: Coray Kobayashi

Print Name: Corayon G. Kobayashi

Date: 5/10/19

Licensee's/Administrator's Signature: Coray Kobayashi

Print Name: Corayon G. Kobayashi

Date: 5/29/19

Licensee's/Administrator's Signature: Coray Kobayashi

Print Name: Corayon G. Kobayashi

Date: 7/2/19

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