

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: A.C.T.G. Gallegos IV	CHAPTER 100.1
Address: 1530 Piikea Street, Honolulu, Hawaii 96818	Inspection Date: March 3, 2021 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
DOH-ONCA
STATE LICENSING

21 MAR 11 PM 23

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(2) 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:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p>FINDINGS Resident #1 - Care Plan is referring to Resident's diet as Regular, however, Resident is on a "Regular, soft" diet.</p> <p>Continued on next page</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</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>RN-Case Manager will regularly reconcile MD orders with service plan.</p> <p>Care plan has been corrected.</p> <p>Gastrointestinal/ Nutritional Plan corrected to reflect 1) Ordered diet: Regular Diet 2) Diet consistency: Soft</p> <p>Monthly case management notes will also be corrected to reflect diet order and consistency: Regular/soft.</p> <p>Accurate changes will be applied to each monthly CM note moving forward.</p> <p>Endocrine care plan corrected to reflect "Follow prescribed diet: Regular, soft diet."</p> <p>RN-Case Manager to review these changes with caregivers and ensure nutritional needs are being met safely and correctly.</p> <p style="text-align: right;"> Judy Campbell, RN, CCM</p>	<p style="text-align: center;">03/05/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>Continued from previous page</p> <p>1. Gastrointestinal/Nutrition Care plan (problem number 7, page 10) indicates, "Clients food choices for meals and snacks will be in compliance with ordered diet: Regular Diet. Also, further below Diet consistency states, "Regular". Monthly Face-to-face progress notes also describe diet as "Regular" when referenced.</p> <p>2. Endocrine Care plan (problem number 9, page 10) states, "Follow prescribed diet: Regular diet."</p> <p>Please submit copy of revised Care Plan along with your Plan of correction.</p>		
<p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: center;">21 MAR 11 PM 12:23</p>		

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p><u>§11-100.1-88 Case management qualifications and services.</u> (c)(2) 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:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p>FINDINGS Resident #1 - Care Plan is reflecting resident's diet as Regular, however, Resident is on a regular diet. Continued on next page</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>RN-CM to regularly reconcile MD orders and ensure service plan is accurate and correct.</p> <p>RN-CM to list correct diet and consistency on service plan and each cm assessment note.</p> <p>RN-CM to ensure caregivers review service plan and ensure client is receiving correct diet and consistency safely.</p> <p><i>J. Phillips</i></p>	<p>03/05/2021</p>
	<p>STATE OF MARYLAND DEPARTMENT OF HEALTH DIVISION OF LICENSING</p> <p>21 APR 11 PM 12:30</p>		

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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		<p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>21 MAR 11 PM 24</p>	

Licensee's/Administrator's Signature: *C. Nunez*
 Print Name: CARDIDA (SONIA) NUNEZ
 Date: 3-8-21

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