Office of Health Care Assurance

**State Licensing Section**

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| **Facility's Name: Acnam's Care Home, LLC** | **CHAPTER 100.1** |
| **Address:**<br>**2467 North School Street, Honolulu, Hawaii 96819** | **Inspection Date: April 6, 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.**

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-2 Definitions. As used in this chapter: "Cardiopulmonary resuscitation certification", or "CPR certification" means verification that an individual has satisfactorily completed a course provided by a nationally approved source that contains instruction and required participation in an emergency first-aid procedure that consists of opening and maintaining a resident's airway, providing artificial ventilation by means of rescue breathing, and providing artificial circulation by means of external cardiac compression.<br><br>**FINDINGS**<br>Substitute Care Giver #1: No documented evidence of first aid certification. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Yes corrected on 4/8/21 obtained a copy from Wayne H. Yasutomi, Heartline Hawaii LLC. (see next page)<br><br>- SCG#1 now had First aid Certification and it had been filed | 4/8/21 |

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (b)<br>All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.<br><br>**FINDINGS**<br>Resident #1: No documented evidence of annual tuberculosis clearance. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Scheduled with Case Management Nurse to make a house visit on 4/10/21. She will administer + read TB skin test + provide clearance. Appointment with Case manage 4/10/21 + Final reading done on 4/12/21 | 4/10/21 + 4/12/21 |

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| ☒ | §11-100.1-17 Records and reports. (a)(6)<br>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:<br><br>Physician or APRN signed orders for diet, medications, and treatments;<br><br>**FINDINGS**<br>Resident #1: No documented evidence blood sugar checks were completed. No glucometer available.<br><br>– Final 5/21 | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>*Obtained a revised Family Medicine office / Clinic note / document for Resident #1 PCP. New order states" Ruth is not on home glucose monitoring."<br>Note: order on 3/29/21 noted for Glucose monitoring but daughter of Resident was waiting for the glucometer. Took too long and daughter wanted to cancel.<br>signed document from PCP to discontinue Glucose monitoring on 4/16/21 | 4/7/21<br>↓<br>4/16/21 |

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| ☒ | §11-100.1-88 Case management qualifications and services. (c)(2)<br>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:<br><br>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;<br><br>**FINDINGS**<br>Resident #1: no interim care plan by case manager within forty-eight hours of expanded level of care order. | **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** | 4/12/21 |

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Licensee's/Administrator's Signature: Castora Acnam

Print Name: CASTORA ACNAM

Date: ~~4/26/21~~ 5/6/21

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