Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Acnam's Care Home, LLC	CHAPTER 100.1
Address: 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	Completie
X	§11-100.1-2 Definitions. As used in this chapter:		Completion Date
	"Cardiopulmonary resuscitation certification", or "CPR	PART 1	Date
	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. FINDINGS Substitute Care Giver #1: No documented evidence of first aid certification.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY YES corrected on 4/8/2/ Obtained a appy from Wayne H. Yasutami, Heart I've Hawaii U.C. (See next page)	4/8/21
		-SC6#1 now had First aid Certification and it had	
1		Centification and it had	
		over filed	
		S.T. S.T.	2
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		# £	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§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. FINDINGS Substitute Care Giver #1: No documented evidence of first aid certification.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? At teast 3 months prior to annual inspection. I will prepare an verify all hecessary documents. Example: Develop a cheeklist	Date 4/8/2/
	of all necessary documents werified a signed by self state of HAWAII (SCG/PCG).	21 NAY 11 P1 :07

	RULES (CRITERIA)	PLAN OF CORRECTION	C
\boxtimes	§11-100.1-9 Personnel, staffing and family requirements.		Completion
<u>K-7</u>	(b)	PART 1	Date
	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. FINDINGS Resident #1: No documented evidence of annual tuberculosis clearance.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
		scheduled with cax house	4/10/21
		utsit on 4/10/21	4/12/27
		skin test + provide d'avance.	
		will adminster + read TB skin test + provide dearance. Appointment with Case manage 4110/27 + Fruit reading	
		done on 4/12/21	2 5
		DOH-OH RAN	HAY 11
		MAII.	P1 07

 -	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services	PART 2	Date
	to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.	FUTURE PLAN	
	FINDINGS Resident #1: No documented evidence of annual tuberculosis clearance.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
		At least 3 month prior	4/6/21
		to annual inspection. I	+
		will prepare + verify all	4/12/21
		necessar documents are	
		completed & verified.	
		Example. Construct a checklist	
		for each individual who resides	2
		The Alexan. Verificator & significant	MAY 11
		by Primay Substitue e6/PCG	i
		/ s =	P1 07
		·	

reconstraint lices Physical FIN Resi	elicensee or primary care giver shall maintain individual ords for each resident. On admission, readmission, or asfer of a resident there shall be made available by the unsee or primary care giver for the department's review: sician or APRN signed orders for diet, medications, and timents; (DINGS) ident #1: No documented evidence blood sugar checks are completed. No glucometer available.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY KOLDAINED A revised Family Medical of Free / Clinic note / document for Perident 1 PCP, New	17/10
tran lices Phy treas	ords for each resident. On admission, readmission, or asfer of a resident there shall be made available by the nisee or primary care giver for the department's review: sician or APRN signed orders for diet, medications, and timents;	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY KOLDAINED A revised Family Medicale of Fire / Clinic note / documed for	417/10
Phy treat	nsee or primary care giver for the department's review: sician or APRN signed orders for diet, medications, and tments;	CORRECTED THE DEFICIENCY KOStained a revised Family Medicane of Fire / Clinic note / document	417/10
Phystrean FIN Resi	risce or primary care giver for the department's review: rsician or APRN signed orders for diet, medications, and tments;	CORRECTED THE DEFICIENCY KOStained a revised Family Medicane of Fire / Clinic note / document	4/7/10
FIN Resi	Three controls	Medicane office / Clinic note I documed for	417/10
FIN Resi	Three controls	Medicine office / Clinic note I documed for	4/7/10
Resi	DINGS ident #1: No documented evidence blood sugar checks completed. No glucometer available.	note I documed for	4/7/10
Resi	ident #1: No documented evidence blood sugar checks completed. No glucometer available.	note I documed for	417/10
Work	e completed. No gnicometer available.	note I documed for	1
		note document for	7
		P-11 1-41 P-2	1
			4/14/21
		resident HT TCT. New	7114101
		and are almost of a	
1		order states' Ruth is not	
1		on home glucose monitoring."	
		guesie monitoriz.	
		Note: order on 3/29/21 noted for	
		Glucose monitorize but daughte	
		of Residual was waiting for the gluconertor. Took too long and STOPPEN doughter wanted to concel. Signed document from PCPSING Signed document from PCPSING	
	•	of restains waiting the the	2
	.1	glucomenter. Took too long and and	538 :
		doughtar wanted to concel	MAY 1
	- 1a_a	Dr DEST	=
	- 1mi 1701	signed abounds from the	70
		on ulu 21	57
		on your	7
			····
		6	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\boxtimes	§11-100.1-17 Records and reports. (a)(6)		Date
	The licensee or primary care giver shall maintain individual	PART 2	
	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:	<u>FUTURE PLAN</u>	i
		LICE THIS CD A CTE TO THE	
	Physician or APRN signed orders for diet, medications, and	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
j	treatments;	PLAN: WHAT WILL YOU DO TO ENSURE THAT	
	FINDINGS	IT DOESN'T HAPPEN AGAIN?	
	Resident #1: No documented evidence blood sugar checks		
	were completed. No glucometer available.	In the future if Now orders	4/7/21
		hasn't been all Allfilled	417/21
		nash 1 been all tultuled	1
		I will notify PCP for	4
			4/16/71- Em
- 1		my updates or changes or or	3,10,1
			3
		necession to complete new == "	MAY 11
		necessary to complete new FIRST orders. If glucometer not ENSTA	=
		orders. It yoursines vior is a	2
		available I'll ark PCPiff	
			97
		it can be P/c'd.	
	1	And also Full darify right away	ماما
		Concern questions.	+ There 15
		Concorn questions.	
	 7	I'll add a reminder note in residen	t chart
	 	personal note, and for treat scal.	L classil
		I was Ca be a salar	is check
		Juli add a reminder note in resident personal note, and for train SCB. I verify hew orders to help me	remember
		to verify + days	
		To verity + garry new order)

 RULES (CRITERIA)	PLAN OF CORRECTION	Completio
§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: 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	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future	Completio Date
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; FINDINGS Resident #1: no interim care plan by case manager within forty-eight hours of expanded level of care order.	plan is required. STATE OF HAWAII STATE LICENSING	21 MAY 11 P1 :07

M	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\boxtimes	\$11-100.1-88 Case management qualifications and services. (c)(2) Case management services for each expanded ARCH	PART 2	Date
	surrogate in collaboration with the primary care gives and	<u>FUTURE PLAN</u>	
	physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT	
	expanded ARCH and a care plan within seven days of	IT DUESN'T HAPPEN AGAIN?	
Į.	admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing,	Future glan, IIII notify	
]	care, nutritional, spiritual, rehabilitative needs of the	an schedule a visit with	4/12/21
Ī	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	designated case management	
	ARCH resident's physician or APRN, measurable goals and	nuvec 1-2 weeks before	
	expanded ARCH resident's needs, and the names of	planning to make level of	
1 4	expanded ARCH resident:	Care change with PCP.	
Ī	Resident #1: No interim care plan by case manager with:	I will also set a calendar reminder, cheeklot of things	-
f		needed to be address - 1 sup	2
	·	needed to be addressed, and see note on chart as forms	MAY 11
		of reminders.	79
			57

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\$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: 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; FINDINGS Resident #1: No care plan by case manager within seven days from expanded level of care order.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Scheduled a home visit on 4/10/21 with Cax management Marse.	Date 1021 21 12 21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\boxtimes	\$11-100.1-88 Case management qualifications and services		Date
	(6)(2)	PART 2	Date
:	Case management services for each expanded ARCH		1
	resident shall be chosen by the resident, resident's family or	<u>FUTURE PLAN</u>	
	surrogate in collaboration with the primary care giver and	ESTURE TEAM	
	physician or APRN. The case manager shall:	HEF THIS SDAGE TO THE	1
		USE THIS SPACE TO EXPLAIN YOUR FUTURE	
- 1	Develop an interim care plan for the expanded ARCH	TEAN. WHAT WILL YOU DO TO ENGINE THAT	
j	resident within forty-eight hours of admission to the	IT DOESN'T HAPPEN AGAIN?	1
- 1	expanded ARCH and a care plan within seven days of		1 1
İ	admission. The care plan shall be based on a		4/10/21
	comprehensive assessment of the expanded APCU	The Thi	· ·
ļ	resident's needs and shall address the medical maning	TUTUR DIAN I'll netic.	بد
[social, mental, behavioral, recreational dental emergence.	Future plan, I'll noting	-
	care, numitional, Spiritual, rehabilitative needs of the		4/12/21
- 1	resident and any other specific need of the resident This	of Schedule (aco manage)	71100
	plan shall identify all services to be provided to the	+ 3 Chedule case managemen)	
- 1	expanded ARCH resident and shall include but not be	nurse services 1-2 weeks	
	minited to, treatment and medication orders of the expanded	arvice I Lucel's	
- 1	ARCH resident's physician or APRN, measurable goals and	gribr to schedulad appointment	
- 1	outcomes for the expanded ARCH resident; specific	10 to Schedular agains	
- 1	procedures for intervention or services required to meet the	1 somal appointment	,
ſ	expanded ARCH resident's needs; and the names of persons	of resident tel n. 1.	
- 1	required to perform interventions or services required by the	of resident #1. And also	
	expanded ARCH resident;	VZ MAN AN COLD MAG	73
	PUNDANCO	in a serious way with a contract of	
;	FINDINGS	T local	3
	Resident #1: No care plan by case manager within seven	remind case management nurse of I have 40 hours to downton	2
- 1	days from expanded level of care order.		MAY 11
	1	I have 4 e nous to develop GERE Care Plan	_
1			70
f		I'll add a reminder on chart	
	1	on charles	ුසූ
		Out of the state o	_
		Ura notes on a release.	. 1
		and notes on a calender to res me to notify a case manager.	nin
		me to unlife a con-	
		me to notify a case manager.	
)	

Licensee's/Administrator's Signature: Cactore across
Print Name: CASTORA ACNAM
Date: #26/21 5/6/21

STATE OF HAWAII

21 MAY 11 P1 08