

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aina Haina ARCH	CHAPTER 100.1
Address: 237 East Hind Drive, Honolulu, Hawaii 96821	Inspection Date: January 15, 2020 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
DEPARTMENT OF HEALTH
COMMUNITY CARE DIVISION

45-21-12-001-02

1/15/2020 10:13 AM

RULES (CRITERIA)	PLAN OF CORRECTION PART 1	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. FINDINGS PCG – No annual tuberculosis clearance.	<p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>TB clearance was done by PCP 6/2019, however PCP documented it wrong. Deficiency was corrected. I went to m/PCP on 01/21/2020 to obtain an annual TB clearance. (attestation checklist)</p>	<p style="text-align: center;">01/21/2020</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>\$11-100.1-13 Nutrition. (I) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Resident #1 – No special diet menu available for resident on “low-carbohydrate” diet.</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>Deficiency corrected. I clarified with my residents PCP what his correct diet should be, and his PCP stated and provided me with a new order. it is regular diet, not low-carbohydrate diet.</p> <p style="text-align: right;">STATE LICENSING DIVISION DIETITIAN NUTRITIONISTS 55-21-22 NAC 02</p>	<p style="text-align: right;">01/21/2020</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHS licensed to provide special diets may admit residents requiring such diets. FINDINGS Resident #1 – No special diet menu available for resident on “low-carbohydrate” diet.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will clarify all special diet orders upon residents admission, and I will ensure that I consult with a dietitian to create a special diet menu.</p>	<p style="text-align: center;">01/21/2020</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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 – No monthly progress note for November 2019.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p><i>Nov 9, 2019 RN EM visit note <u>was</u> in the chart. can check</i></p>	<p style="text-align: center;">01/27/2020</p>

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DEPT. OF CORRECTIONS
COMMUNITY SERVICES
COMMUNITY SERVICES

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-88 <u>Case management qualifications and services.</u> (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; <u>FINDINGS</u> Resident #1 – No documented evidence that the case manager reviewed the care plan in December 2019.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: center;">STATISTICS DIVISION JAN 1 2 2020 9:52 AM '20</p>	<p style="text-align: center;">01/21/2020</p>

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RULES (CRITERIA)	PLAN OF CORRECTION PART 1	Completion Date
<input checked="" type="checkbox"/> §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; <u>FINDINGS</u> Resident #1 – No documented evidence that the case manager had face-to-face contact with the resident in December 2019. Last documented contact was November 9, 2019.	<p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>The deficiency was corrected, case manager emailed her face-to-face visit note to me on 01/15/20 when I called to let her know it was missing in my record.</i></p> <p style="text-align: right;">9528 12/10/20</p>	<p style="text-align: center;"><i>01/21/2020</i></p>

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Licensee's/Administrator's Signature:

Lan Chen

Print Name:

LAN CHEN

Date:

01/27/2020

STATE LICENSING
BUSINESS
AND CONSUMER SERVICES

65-111-08 (REV. 02)