

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Golden Island ARCH	CHAPTER 100.1
Address: 86-120 Hoaha Street, Waianae, Hawaii 96792	Inspection Date: February 13, 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.

INSPECTION DIVISION
HAWAII DEPARTMENT OF
CORRECTIONS

4:50 PM 2-18-20

RULES (CRITERIA)	PLAN OF CORRECTION PART 1	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 documented evidence that non-standard diet order, "low fat, low carbohydrate," diet was clarified with the physician.	<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 style="text-align: center;"><i>Immediately called the doctor + clarify the diet order, diet order is regular on 2-15-20 copy of diet order attached</i></p>	<p style="text-align: center;"><i>yes</i></p> <p style="text-align: center;"><i>2-15-20</i></p>

MISSISSIPPI
STATE LICENSING
BOARD
FOR
NURSES
AND
NURSE PRACTITIONERS

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (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 documented evidence that non-standard diet order, “low fat, low carbohydrate,” diet was clarified with the physician.	<p style="text-align: center;">PLAN OF CORRECTION</p> <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>Caregiver will clarify the doctor's order before leaving the office. If ever doctor diet order is low carb, low fat or any diet order we will consult the Registered Dietitian to make a 4 cycle menu plan and we will comply with the diet order.</p>	<p style="text-align: center;">2-15-20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications, (g)</u> All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. FINDINGS Resident #1 – Medications not reevaluated every four (4) months.	<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;">4-4-2024</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. FINDINGS Resident #1 – Medications not reevaluated every four (4) months.	<p style="text-align: center;">PLAN OF CORRECTION</p> <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>Tracking system, Reminders, Post IT sign calendar to remind the SCG of the Dept. 1) appointment date 2) signed with challenging behavior refused to go DOCTOR, or appointment will encourage and explain that is very important to update with the DOCTOR, DOCTOR will also inform of client refusal to go + we will document in the program book. 3) If client is stable + no change of meds + discharge for years + DOCTOR decided to follow-up + to me. will document on the program book. 4) needs update will be obtained on Telephone or verbal order either text it or caregiver can pick up sign + date or DOCTOR will sign on client book Follow-up - by MSJ,</p>	<p style="text-align: right;">2-15-20</p>

Licensee's/Administrator's Signature:

Thelma Sirocwita

Print Name:

THELMA SIROCWITA

Date:

3-4-20

DRIVING
EXAM
SERIES

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