

61

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| | |
|--|---|
| Facility's Name: Pohai Nani ` Ahui Nani | CHAPTER 100.1 |
| Address: 45-090 Namoku Street, Kaneohe, Hawaii 96744 | Inspection Date: October 28, 2022 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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APR 28 2023

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a signed statement indicating who is responsible for resident's funds.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>See Attached</p> | <p>12/31/22</p> |

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Part 1:

11-100.1-19 Residents Accounts

Deficiency was corrected as follows:

- Authorization of Facility to Handle Personal Funds (GSS #222) initiated for each resident , also referred to as Resident Trust Account (RTA)

Part 2:

To prevent this deficiency from recurring in the future the Care Home Admission Checklist has been revised to include the tool GSS # 222, also referred to as Resident Trust Account (RTA). GSS # 222 for resident # 1 has been included.

During the admission process RN will review GSS #222 with resident and responsible party/POA and obtain signatures as required. We will refer to this admission checklist during all future admissions.

Completed date 12.31.22

Licensee's Administrator's Signature

Print Name

Date

3.1.23

Matthew E. Matthews RN RN

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Care home is not using the required cleaning routine for dish sanitation.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>See Attached</p> | <p>3/1/23</p> |

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Part 1:

11-100.1-23 Physical Environment (h) (3)

Deficiency was corrected as follows:

- Procedure for Care Home Hand/Dish Washing posted in all care home kitchens

Part 2:

To prevent this deficiency from recurring in the future all Care Home staff responsible for hand washing dishes will be provided training to include demonstration. Instructions for the correct procedure are posted in all care home kitchens for staff reference.

Completed date 3.1.23

Licensee's Administrator's Signature

Print Name

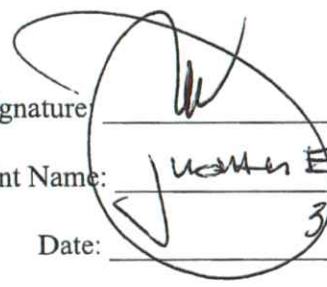
Date

Judith E. Northenden R
3.2.23

Licensee's/Administrator's Signature

Print Name:

Date:


Juanita E. Matthews BSJ
3.2.23

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APR 28 2023