

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: RC Golfview ARCH	CHAPTER 100.1
Address: 1316 Ala Puaala Way, Honolulu, Hawaii 96818	Inspection Date: November 10, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b>FINDINGS</b> Substitute care giver (SCG) [redacted] no current first aid certification on file. <b>Provide copy with your plan of correction (POC).</b></p>	<p>In the future, reminders must be posted in calendar prior to expiration of current card to prevent lapses in coverage. SCG #2 must be informed that FA must be current to care for residents. [redacted]</p>	<p>12/4/15 copy submitted AR</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p>	<p>In the future, All CEU's completed must have the # hours documented on certificate to be valid for a total of 12 hours a year. [redacted]</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> SCG [redacted] has evidence of training but no times listed to prove number of hours completed. Submit twelve (12) hours of CEU's with your POC.</p>	<p>that all CEU's completed was one credit per topic. It is my responsibility that all documents are filled w/ all necessary information</p>	<p>12/5/15</p>
<p><input checked="" type="checkbox"/></p>	<p>§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;</p> <p><b>FINDINGS</b> Resident [redacted] no indication that care plans were reviewed every thirty (30) days as required.</p>	<p>[redacted] In the future, Case manager must sign on same page as care plan reviewed.</p>	<p>11/13/15 Signature page attached</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) 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:  Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><b>FINDINGS</b> Resident [redacted] no six (6) month comprehensive assessment completed as required.</p>	<p>[redacted] In the future, CM needs to document to month assessment on a specific comprehensive assessment form.</p>	<p>11/13/15 See attached RN assessment done 7/29/15</p>

Licensee/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: 12/6/15

