

Office of Health Care Assurance

State Licensing Section

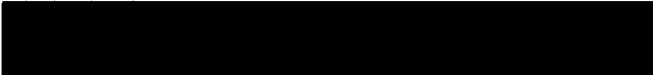
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Yaying House	CHAPTER 100.1
Address: 3285 Olu Street, Honolulu, Hawaii 96816	Inspection Date: March 12, 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> (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.</p> <p>FINDINGS Household member – No annual physical examination. Submit a copy with the plan of correction (POC.)</p>	<p>I got household member [redacted] physical Exam's copy from [redacted] physician office on 3/2/15</p> <p>[redacted]</p> <p>In the future I will follow regulation to have all Household members and visiting family members to do annual physical Exam and make sure to keep in Care Home file.</p>	<p>03/12/15</p> <p>3/31/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) 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.</p> <p>FINDINGS Household member – No annual tuberculosis clearance. Submit a copy with the plan of correction (POC.)</p>	<p>[redacted]</p> <p>In future, I will follow regulation to have all persons include household members and visiting family members to have annual tuberculosis clearance and make sure to keep in Care Home file.</p>	<p>3/12/15 Kate Li</p> <p>3/23/15 Huangting Liu</p> <p>3/27/2015 Wendie He</p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. <u>FINDINGS</u> Six (6) substitute care givers – No documentation of training by the primary care giver to make prescribed medications available to residents.	<p>That is true. The documentation of training wasn't in file. I'm so sorry about it. From 3/2/15 to 3/15/15, I observed my substitute caregivers to make sure they are able to make prescribed medication available to residents and I documented on Primary Caregiver and substitute Caregiver training. In future, I'll follow the policy to have the training document in file. I'll check monthly to update.</p>	<p>3/15/2015</p>
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> 	 <p>In the future, I'll ask MD when I get the Visit Summary to Clarify the current medication, and cross the medication if not needed and by MD and sign ^{error}</p>	<p>12/27/14</p>
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.	<p>Both findings are true. Now I put vial under each medication on Medication Record to make sure to sign the medication I give; And I double check myself after ^{error} signing the _{initial}</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS Resident #1 – “Lipitor 40 mg i tab po daily” was ordered on 12/23/14; however, the December 2014 medication record was not initialed when taken by the resident 12/23/14 to 12/31/14. The primary care giver stated that she gave the medication.</p> <p>[REDACTED]</p>	<p>Medication Record each time. Also Now I write the time of day when I give medication and initial ^{initial} After that double check myself. In future, I'll be very careful to record the medications on the resident's Medication Record with correct date, time, Name of drug and dosage and initial.</p>	3/12/14
☒	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p>FINDINGS Substitute care giver (SCG) [REDACTED] – No documentation of training by the case manager in providing daily personal care and specialized care to the resident. The document on file with the SCGs name was dated [REDACTED] prior to the SCGs date of hire.</p>	[REDACTED]	3/19/15
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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:</p> <p>Update the care plan as changes occur in the expanded ARCH</p>	[REDACTED]	3/19/15

	Rules (Criteria)	Plan of Correction	Completion Date
	resident care needs, services and/or interventions; FINDINGS 	<i>during day in the future, I'll follow the regulation to make sure update the changes on care plan by case manager as changes occur in the expanded ARCH resident care needs, services, and interventions</i>	<i>3/19/15</i>

Licensee/Administrator's Signature: *Yaying Liao*

Print Name: Yaying Liao

Date: 4/2/2015

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p>FINDINGS Household member – No annual physical examination. Submit a copy with the plan of correction (POC.)</p>	[REDACTED]	3/12/15
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) 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.</p> <p>FINDINGS Household member – No annual tuberculosis clearance. Submit a copy with the plan of correction (POC.)</p>	[REDACTED]	3/12/15

[REDACTED]

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Facility's Name: <u>Yaying House</u>	CHAPTER 100.1
Address: <u>3285 Olu Street, Honolulu, Hawaii 96816</u>	Inspection Date: <u>March 12, 2015 Annual</u>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p>FINDINGS Household member – No annual physical examination. Submit a copy with the plan of correction (POC.)</p>	<p>[REDACTED]</p> <p><i>In the future, I'll read Chapter 100.1 more and know the regulation better. I'll follow regulations to have visiting family member to do annual physical exam and keep the form in Care Home file.</i></p>	<p><i>3/31/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) 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.</p> <p>FINDINGS Household member – No annual tuberculosis clearance. Submit a copy with the plan of correction (POC.)</p>	<p>[REDACTED]</p> <p><i>In future, I'll read Chapter 100.1 more and know the rules better. I'll follow regulation to minimize the deficiencies. I'll have visiting family to have TB clearance and make sure the copy in Care Home folder.</i></p>	<p><i>3/23/15</i> <i>3/27/15</i></p>

Thank you very much for helping me correct my mistakes and deficiencies!

	Rules (Criteria)	Plan of Correction	Completion Date
	resident care needs, services and/or interventions; FINDINGS 		

Licensee/Administrator's Signature: 

Print Name: Yaying Liu

Date: 4/29/2015