

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: R & B ARCH/E-ARCH LLC	CHAPTER 100.1
Address: 94-912 Kumuao Street, Waipahu, Hawaii 96797	Inspection Date: March 13, 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>FINDINGS No first aid certification:</p> <ul style="list-style-type: none"> Substitute care giver (SCG) <input type="checkbox"/> Submit copy with plan of correction (POC.) 	See attached POC	4/15/15
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p>	See attached POC	4/15/15

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><u>FINDINGS</u> No cardiopulmonary resuscitation certification:</p> <ul style="list-style-type: none"> • SCG [REDACTED] Submit copy with POC. 		
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Unsecured toxic chemicals and cleaning agents on bookshelf in walk-through garage:</p> <ul style="list-style-type: none"> • Windex, degreaser, power steering fluid and window washer fluid. 	<i>See attached POC</i>	<i>4/15/15</i>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u></p> <ul style="list-style-type: none"> • One pill in medicine cup left on dining room table. 	<i>See attached POC</i>	<i>4/15/15</i>

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____

4/15/15

Facility's Name: R+B ARCH/E-ARCH LLC

Address: 94-912 Kumao St. Waiyahn, HI. 96797

Plan of Correction:

- ① 11-100.1-9 (c)(3) Personnel, staffing and family requirements

Part I -

- ① Call up SCG [redacted] & ask if [redacted] has the copy of [redacted] first aid certification -
- ② If [redacted] answer is NO. I will inform [redacted] that [redacted] may not work here until [redacted] has [redacted] current first aid certification.
- ③ I must have a copy of the first aid card. Also submitting a copy of SCG [redacted] first aid card

Part II

- ① I will write down in a Calendar when all staff CPR are due.
- ② I will contact them 1 month before its due & tell them that they cannot work without first aid certification.
- ③ I will review the calendar monthly to make it sure that all CPR & 1st aid certification are not mixed.

- ② 11-100.1-9 (f)(1) Personnel, staffing & family requirements

Part I -

- ① Call up SCG [redacted] & ask if [redacted] has the copy of [redacted] CPR card
- ② If [redacted] answer is NO. I will inform [redacted] that [redacted] may not work here until [redacted] has [redacted] current CPR card.
- ③ I must have a copy of the CPR card. Also submitting a copy of SCG [redacted] CPR card.

Part II

- ① I will write down in a Calendar when all staff CPR are due.
- ② I will contact them 1 month before its due to tell them that they cannot work here without their CPR certification
- ③ I will review the calendar monthly to make it sure that all CPR & first aid certification are not mixed.

Facility's Name: R+K ARCH IE -ARCH LLC
Address: 94-912 Kumua St. Waiyaha HI. 96797

PLAN OF CORRECTION:

③ 11-100.1-14 - Food Sanitation (f)

Part I

- ① Check all my unsecured cabinet + bookshelf in the walk-through garage.
- ② I will remove all cleaning solution agent + toxic chemicals that are stored there.
- ③ I will store all these toxic chemicals + cleaning agent in the lock stone room in the garage.

Part II

- ① I will remove all toxic chemicals + cleaning solution agent where my resident area is.
- ② I will make it sure that these toxic chemicals + cleaning solution such as bleaches, insecticides, fertilizers + other poison are labeled + securely stored in the lock stone room properly.
- ③ I will educate + remind my family members that after using a cleaning solutions for cars, other toxic chemicals be stored in the locked stone room in the garage.
- ④ I will check open cabinets regularly that there are no toxic chemicals left there unsecured. And if I found one to put it on lock cabinet right away.

④ 11-100.1-15 MEDICATIONS (b)

Part I

- ① Call all SCG working that day.
- ② Asked them who left the pill in a medicine cup on the dining table.
- ③ Reminded them that, that is a dangerous practice because the pill might be taken by a wrong patient accidentally.
- ④ Ask SCG to lock the pill until its time to give to the resident

②

Facility's name: R+ ARCH 1B-ARCH LLC
Address: 94-912 Kumuao St. Waijima HI. 96797

PLAN OF CORRECTION:

(4) 11-100.1-15 MEDICATION (b)

Part II

- ① Remind SCG about the danger of leaving pills on the table unattended.
- ② Also remind the SCG that pills are only taken out of the container when ready time for resident to take the pill.
- ③ I will review these policies regularly with SCG for the safety of the residents.