

Office of Health Care Assurance

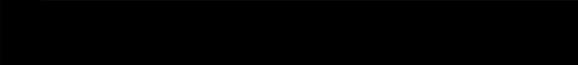
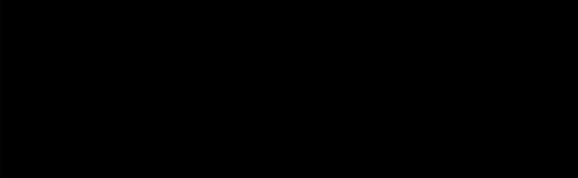
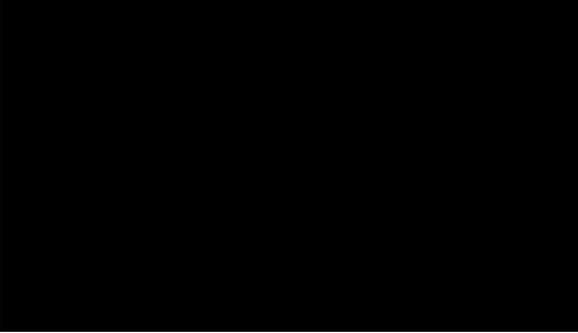
State Licensing Section

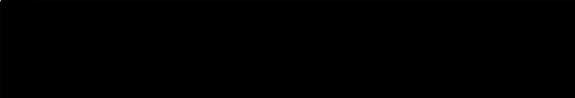
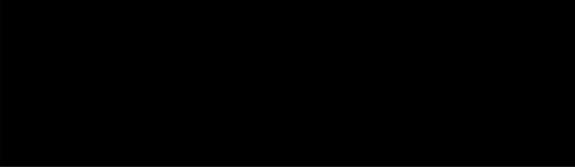
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Elena's Expanded Care ARCH, LLC	CHAPTER 100.1
Address: 77 Waianuhea Place, Hilo, Hawaii 96720	Inspection Date: February 2, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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 Substitute care giver (SCG) [REDACTED] no current physical examination.</p>	<p><i>see attached</i></p>	<p><i>4/30/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the</p>	<p><i>see attached</i></p>	<p><i>4/30/15</i></p>

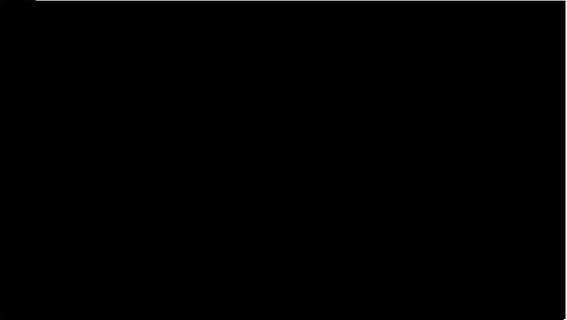
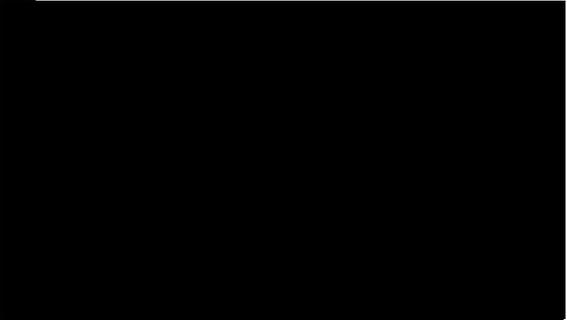
	Rules (Criteria)	Plan of Correction	Completion Date
	<p>resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident [redacted] no level of care assessment upon re-admission.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p>FINDINGS [redacted]</p>	<p><i>see attached</i></p>	<p><i>4/30/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p>FINDINGS 1) [redacted] 2) [redacted]</p>	<p><i>see attached</i></p>	<p><i>4/30/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Medication cabinet was unlocked.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u></p> <p>1) </p> <p>2) </p> <p>3) </p>	<p><i>see attached</i></p>	<p><i>4/30/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name,</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS</p> 		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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> <p>FINDINGS</p> <p>1) </p> <p>2) </p>	<p><i>see attached</i></p>	<p><i>4/30/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS Resident [REDACTED] no admission assessment upon re-admission.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident [REDACTED] no physical examination upon re-admission.</p>	<p><i>see attached</i></p>	<p>4/30/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS Resident [REDACTED] no monthly weight for [REDACTED]</p>	<p><i>see attached</i></p>	<p>4/30/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS</p>	<p><i>see attached</i></p>	<p>4/30/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><u>FINDINGS</u> Expanded ARCH general operational policy referenced Hawaii Administrative Rules (HAR), Chapter 100 resident rights and responsibilities.</p>	<p><i>see attached</i></p>	<p><i>4/30/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of</p>	<p><i>see attached</i></p>	<p><i>4/30/15</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p>FINDINGS</p> <p>1) </p> <p>2) </p>	<p><i>see attached</i></p>	<p><i>4/30/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p>FINDINGS</p>	<p><i>see attached</i></p>	<p><i>4/30/15</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	No pliable plastic pillow protectors on all resident pillows.		
☒	<p>§11-100.1-83 Personnel and staffing requirements. (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>FINDINGS SCG [redacted] continuing education courses completed did not document date of completion or number of hours completed.</p>	see attached	4/30/15
☒	<p>§11-100.1-87 Personal care services. (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p>FINDINGS Resident [redacted] no documentation of pneumococcal vaccination.</p>	see attached	4/30/15
☒	<p>§11-100.1-88 Case management qualifications and services. (c)(1) 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>	see attached	4/30/15

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p>FINDINGS Resident [REDACTED] no comprehensive assessment upon change in level of care.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><u>FINDINGS</u></p> <p>1) Resident [REDACTED] care plan did not address the nutritional concerns of the resident.</p> <p>2) Resident [REDACTED] care plan did not identify the names of persons required to perform interventions or services required.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident [REDACTED] no care giver training provided by the case manager.</p>	<p><i>see attached</i></p>	<p><i>4/30/15</i></p>

Licensee/Administrator's Signature

Print Name

Date: 4/30/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PAGE 1

11-100.1-9 (a) [redacted] In the future if SCG

[redacted] does not have the current physical examination, Substitute care giver [redacted] cannot be use. Please see attachment.

11-100.1-10 Admission policies (a) [redacted] In the future we will use the Re-admission

Check List Form and the Level of Care Evaluation Form to obtain the current documents needed for re-admission.

PAGE 2

11-100.1-13 Nutrition (b) [redacted]

[redacted] In the future we will make one week menu and revised it periodically for four weeks for special regular pureed diet resident.

11-100.1-13 Nutrition (k) ans. for finding number 1 [redacted]

[redacted] In the future we will make sure to have Dr. order for thickening agent before giving it to resident. . 11-1

11-100.1-13 Nutrition (k) ans. for finding number 2 [redacted]

[redacted] In the future we will make to have Doctor order before giving 4 oz. ensure after meal as tolerated to a resident. .

11-100.1-15 Medications (b) -We locked the medication cabinet as soon as we take out medications. In the future we will lock medication cabinet as soon as we take out medications and store the key outside the Resident area in a secured place.

PAGE 3

11-100.1-15 Medication (e) ans. for finding #1 [redacted]

[redacted] In the future we will make sure to have Dr. order to crush Acetaminophen/Tylenol 325 mg tabs before giving it to Resident.

11-100.1-15 Medication (e) ans. for finding #2 - [redacted]

[redacted] In the future we will make sure to initial medication given to a resident in Medical Record at the correct Month, date and year.

15 APR 30
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11-100.1-15 Medication (e) ans. for finding #3

In the future PCG

(primary care giver) will have to make sure to properly initialed the proper date in the Medical Record the medication given to a Resident.

11-100.1-15 Medication (f)

In the future we have to be more careful and make sure to transcribe any medication that need transcribing in the Medical Record.

PAGE 4

11-100.1-15 Medication (m) ans. for finding #1

In the future we will make

sure to initial the Medical Record as soon as medication is given.

11-100.1-15 Medication (m) ans. for finding #2

In the future we will log any new medication in the Medical Record as soon as possible so that it will not be forgotten.

11-100.1-17 Records and reports (a)(1) -

In the future we will

use Admission Assessment Care Plan Form to obtain all the necessary requirements needed for re-admission.

PAGE 5

11-100.1-17 Records and reports (a)(4)

In the future we will use the Physical

Examination Record Form to obtain all necessary information and documents needed to re-admit a Resident.

11-100.1-17 Records and reports (b)(7)

In the future if no scale available for bedridden Resident, we will make sure to ask advice From a Doctor what to do.

11-100.1-17 Records and reports (h)(1)

In the future we will use the Re-

admission Form, Level of Care Form and the Physical Examination Form to obtain all the necessary information and documents needed to re-admit a Resident.

PAGE 6

11-100.1-21 Residents and primary care givers rights and responsibilities (a)(1)(A) -Now we have the new Expanded General Policy referenced Hawaii Administrative Rules (HAR), thanks to [REDACTED] for sending it to us. In the future we will make sure to have the new Policies on hand at all times.

11-100.1-23 Physical environment (g)(3)(1)(i) -ans. for finding #1 [REDACTED] In the future we will use the Self Preservation Statement Form to obtain the necessary documents needed to re-admit a Resident.

11-100.1-23 Physical environment (g)(3)(1)(i) -ans. for finding #2 [REDACTED]
[REDACTED] In the future Primary care giver have to make sure that there is always Substitute care giver on site available to assist Primary care giver in caring for non self preserving and unable to stand Resident.

Page 7

11-100.1-23 Physical environment (o)(3)(B) Bedroom [REDACTED] In the future we have to make sure that all pillows are covered with pliable plastic pillow protectors for all Residents.

PAGE 8

11-100.1-83 Personal and staffing requirements (5) -We now have the complete continuing education course with date of completion and the total number of hours which is 12 hours for Substitute care giver [REDACTED] In the future if Substitute care giver [REDACTED] do not have the current 12 hours continuing education, Substitute care giver [REDACTED] cannot be use.

11-100.1-87 Personal care service (c)(2) - [REDACTED] In the future we have to make sure to have the Pneumococcal Vaccination Record before admitting new Resident.

11-100.1-88 Case management qualification and services (c)(1) [REDACTED] In the future we have to make sure to have a Case Management for Resident who have a change in Level of Care to Intermediate Care Facility (ICF) so that we can have the Comprehensive Assessment for the Resident.

PAGE 9

11-100.1-88 Case management qualification and services (c)(2) [REDACTED]

[REDACTED] In the future we will hire a Case Manager for a resident who has change in Level of Care to Intermediate Care Facility (ICF) so that we can have a Care Plan with the Comprehensive Assessment such as Nutritional concern for the resident.

11-100.1-88 Case Management qualification and services (c)(2) -ans. for finding #2 [REDACTED]

[REDACTED] In the future we will hire a Case Manager for a resident who has chance in Level of Care to ICF. So that we can have Interim Care Plan within 48 hours and a Care Plan within 7 days upon Admission and Re-admission.

PAGE 10

11-100.1-88 Case Management qualification and services (c)(6) [REDACTED]

[REDACTED] In the future we will hire a Case Manager for a Resident who has a chance in Level of Care to Intermediate Care Facility (ICF) so that the Primary care giver and all the Substitute care givers will have a Care Giving Training by the Case Manager.

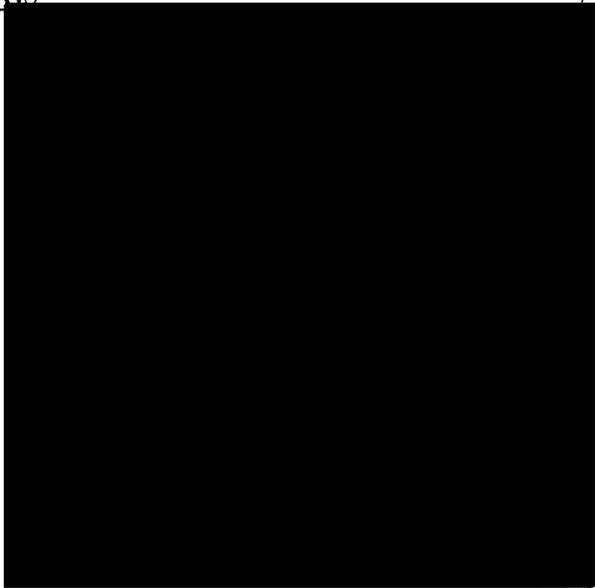
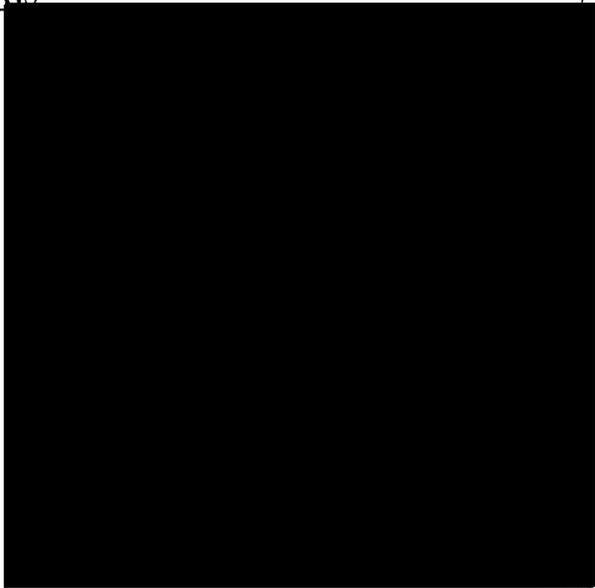
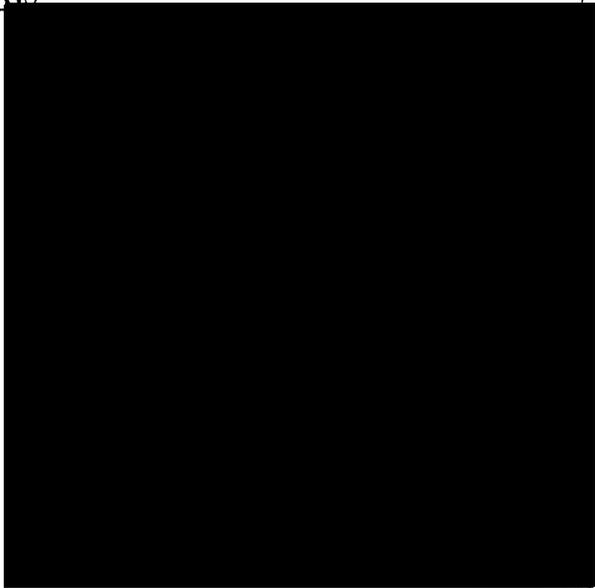
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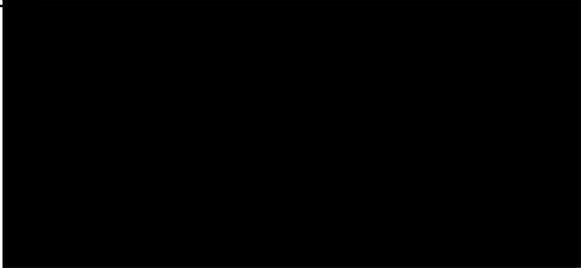
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Address: 77 Waiānuhea Place, Hilo, Hawaii 96720	Inspection Date: February 2, 2015 Annual

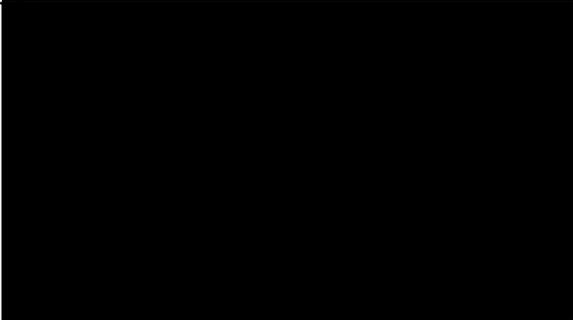
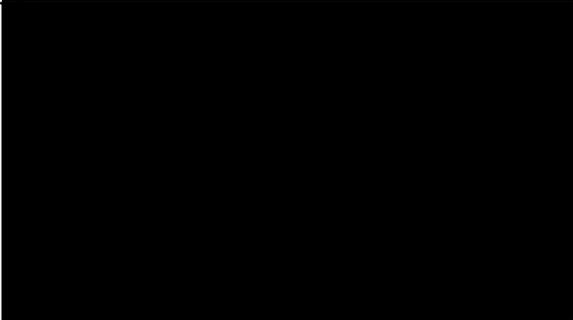
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<input checked="" type="checkbox"/>	<p>§11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the</p>	<i>see attached</i>	<i>6/15/15</i>

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	shall be properly labeled and kept in a separate locked container. <u>FINDINGS</u> Medication cabinet was unlocked.		
<input checked="" type="checkbox"/>	§11-100.1-15 Medications. (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> 1)  2)  3) 	<i>see attached</i>	6/15/15
<input checked="" type="checkbox"/>	§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name,		

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<p>name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS</p> 	<p><i>see attached</i></p>	<p><i>6/15/15</i></p>
<p><input checked="" type="checkbox"/> §11-100.1-15 Medications. (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> <p>FINDINGS</p> <p>1) </p> <p>2) </p>	<p><i>see attached</i></p>	<p><i>6/15/15</i></p>
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	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS Resident #1, no admission assessment upon re-admission.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident [REDACTED] no physical examination upon re-admission.</p>	<i>see attached</i>	<i>6/15/15</i>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS Resident [REDACTED] no monthly weight for [REDACTED]</p>	<i>see attached</i>	<i>6/15/15</i>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS</p>	<i>see attached</i>	<i>6/15/15</i>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of</p>	<p><i>see attached</i></p>	<p><i>6/15/15</i></p>

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	<p>following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p>FINDINGS</p> <p>1) </p> <p>2) </p>	<p><i>see attached</i></p>	<p><i>6/15/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p>FINDINGS</p>	<p><i>see attached</i></p>	<p><i>6/15/15</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	No pliable plastic pillow protectors on all resident pillows.		
<input checked="" type="checkbox"/>	<p>§11-100.1-83 Personnel and staffing requirements. (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>FINDINGS SCG [redacted] continuing education courses completed did not document date of completion or number of hours completed.</p>	<i>see attached</i>	<i>6/15/15</i>
<input checked="" type="checkbox"/>	<p>§11-100.1-87 Personal care services. (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p>FINDINGS Resident [redacted] no documentation of pneumococcal vaccination.</p>	<i>see attached</i>	<i>6/15/14</i>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(1) 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>	<i>see attached</i>	<i>6/15/15</i>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident [REDACTED] no comprehensive assessment upon change in level of care.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p>	<p><i>see attached</i></p>	<p><i>6/15/15</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS</p> <p>1) Resident [redacted] care plan did not address the nutritional concerns of the resident.</p> <p>2) Resident [redacted] care plan did not identify the names of persons required to perform interventions or services required.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p>FINDINGS Resident [redacted] no care giver training provided by the case manager.</p>	<p><i>see attached</i></p>	<p><i>6/15/15</i></p>

Licensee/Administrator's Signature: _____

Print Name: _____

Date: 6/15/15

ELENA'S EXPANDED ARCH, LLC

Elena Bugarin CNA, PCG Owner- Proprietor

Inspection Date-February 2, 2015

77 Waiianuhia Place, Hilo, HI 96720

June 11, 2015

Statement of Deficiencies and Plan of Corrections:

(1)11-100.1-15 (e) # 2

Answer:

In the future, I will make sure to initial to the MAR (Medication Administration Record) after giving the resident the right medication, to the right person, right time, right date and right dosage immediately to avoid forgetting.

(2)11-100.1-15 (e) #3

Answer:

In the future, the PCG should be careful to initial the correct date immediately to prevent deficiency from recurring. I will document right away the date of the Physician's Order on the MAR have my SCG to double check to ensure that it's accurate.

(3) 11-100.1-15 (f)

Answer:

Every time there's a Physician's Order and when medication is made available to resident PCG or SCG should transcribe immediately to avoid forgetting and will double check or review carefully for accuracy to avoid incurring deficiency.

(4) 11-100.1-17 (a) (#1)

Answer:

Prior to readmit a resident, I won't forget to refer from the check list of Admission/ Readmission form to ensure that needed documents is complete, signed by the Physician/APRN and diet order is indicated.

(5) 11-100.1-17(a) (4)

Answer:

In the future , prior to readmission of a resident I will make sure that P.E. form is obtained and signed by the Physician and all necessary requirements to follow for Admission/ readmission of a resident.

(6) 11-100.1-17 (h)(1)

Answer:

In the future, I will document immediately on the General Registry the date of discharged note the condition of the resident at time of discharged.

(7) 11-100.1(23(g)(3)(i)#1

Answer:

In the future, I will obtain self-preservation assessment form completed prior to admission signed by the Primary Physician of the resident whether the resident is ambulatory or using a medical device.

(8) 11-100.1-23(g)(3)(1)(i)#2

Answer:

In the future if I have a resident leveled as non-self preserving, I will obtain a substitute caregiver to assist PCG to ensure that resident will get quality care.

(9) 11-100.1-23 (o)(3)(B)

Answer:

In the future all pillows use by the resident should be protected with pliable plastic protector to ensure safety and to prevent infections and sanitation.

(10) 11-100.1-87(c)(2)

Answer:

In the future, prior to admitting a new resident a Pneumococcal Record will be obtained to ensure that resident is free from any kind of illness.

Page 3

(11) 11-100.1-88(c)1

Answer:

In the event that resident change the level of care as determine by the Primary Physician of the resident, I will notify the family of the resident to consult a case manager to assist for the plan of care. Family will choose the case manager that's licensed by the State. The case manager in place should be in charge to obtain a comprehensive Assessment and work with the PCG to ensure that the resident receive the needed care.

(12) 11-100.1-88 (c)(2)#1

Answer:

In the future, I will assist the family to find a case manager of their choice to work for the resident. PCG will follow the care plan that the CM develop for the resident. In the event that PCG need an assistance she /he will notify the CM 24/7 as needed.

Respectfully submitted by:


Elena Buganni, PCG

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

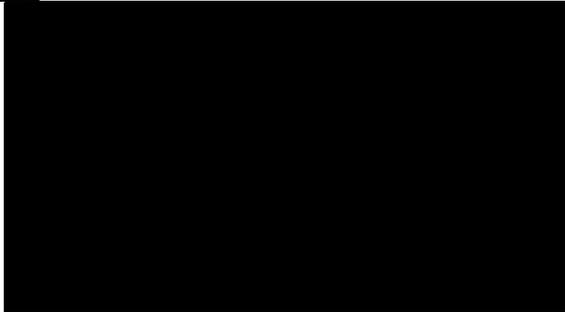
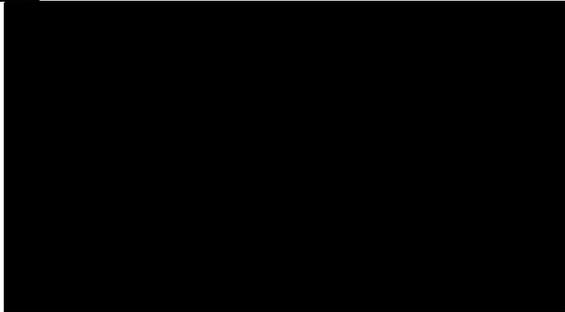
Facility's Name: Elena's Expanded Care ARCH, LLC	CHAPTER 100.1
Address: 77 Waiānuhea Place, Hilo, Hawaii 96720	Inspection Date: February 2, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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 Substitute care giver (SCG) [REDACTED] no current physical examination.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS</p> <div style="background-color: black; width: 100%; height: 40px;"></div>		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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> <p>FINDINGS</p> <p>1) <div style="background-color: black; width: 100%; height: 40px;"></div></p> <p>2) <div style="background-color: black; width: 100%; height: 40px;"></div></p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p>	<p><i>see attached</i></p>	<p><i>7/15/15</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS Resident #1, no admission assessment upon re-admission.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident [REDACTED] no physical examination upon re-admission.</p>	<p>x</p> <p><i>See attached</i></p>	<p><i>7/15/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS Resident [REDACTED] no monthly weight for [REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><u>FINDINGS</u> Expanded ARCH general operational policy referenced Hawaii Administrative Rules (HAR), Chapter 100 resident rights and responsibilities.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of</p>	<p>x</p> <p><i>see attached</i></p>	<p><i>7/15/15</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p>FINDINGS</p> <p>1) </p> <p>2) </p>	<p>x</p> <p><i>see attached</i></p>	<p><i>7/15/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p>FINDINGS</p>	<p>x</p> <p><i>see attached</i></p>	<p><i>7/15/15</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	No pliable plastic pillow protectors on all resident pillows.		
☒	<p>§11-100.1-83 Personnel and staffing requirements. (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><u>FINDINGS</u> SCG [redacted] continuing education courses completed did not document date of completion or number of hours completed.</p>		
☒	<p>§11-100.1-87 Personal care services. (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p><u>FINDINGS</u> Resident [redacted] no documentation of pneumococcal vaccination.</p>	<p>x</p> <p><i>see attached</i></p>	<p><i>7/15/15</i></p>
☒	<p>§11-100.1-88 Case management qualifications and services. (c)(1) 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>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p>FINDINGS Resident [REDACTED] no comprehensive assessment upon change in level of care.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS</p> <p>1) Resident [REDACTED] care plan did not address the nutritional concerns of the resident.</p> <p>2) Resident [REDACTED] care plan did not identify the names of persons required to perform interventions or services required.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p>FINDINGS Resident [REDACTED] no care giver training provided by the case manager.</p>		

Licensee/Administrator's Signature: _____

Print Name: _____

Date: 7/15/15

ELENA'S EXPANDED ARCH, LLC

Elena Bugarin CNA, PCG Owner- Proprietor

Inspection Date-February 2, 2015

77 Waianuhia Place, Hilo, HI 96720

July 13, 2015

Statement of Deficiencies and Plan of Corrections

(1) 11-100.1-17 (a) (#1)*

Answer:

Prior to readmit a resident, I won't forget to refer from the check list of Admission/ Readmission form to ensure that needed documents is complete, signed by the Physician/APRN and diet order is indicated at least a week prior to my inspection and have it handy.

(2) 11-100.1-17(a) (4)*

Answer:

In the future , prior to readmission of a resident I will make sure that P.E. form is obtained and signed by the Physician and all necessary requirements to follow for Admission/ readmission of a resident. I'll have the PE form ready and have the PCP for his signature and should be available at the time of inspection.

(3) 11-100.1(23(g)(3)(i)#1*

Answer:

In the future, I will obtain self-preservation assessment form completed prior to admission signed by the Primary Physician of the resident whether the resident is ambulatory or using a medical device. I will refer to the checklist from my folder

Page 2

(4) 11-100.1-23(g)(3)(1)(i)#2*

Answer:

In the future if I have a resident leveled as non-self preserving, I will obtain a substitute caregiver to assist PCG to ensure that resident will get quality care. I have an in house Certified Caregiver available all the time. [REDACTED]

(5) 11-100.1-23 (o)(3)(B)*

Answer:

In the future all pillows use by the resident should be protected with pliable plastic protector to ensure safety and to prevent infections and sanitation. I have obtained pliable pillow protector sufficient enough for use and always handy all the time.

(6) 11-100.1-87(c)(2)*

Answer:

In the future, prior to admitting a new resident a Pneumococcal Record will be obtained to ensure that resident is free from any kind of illness. I obtained a form from the Dept. of Health or from the office of the resident's PCP and should be available any time the inspector will come for inspection.

Respectfully submitted by

[REDACTED]
Elena Bugarin, PCG, Operator

STATE OF HAWAII
DHH-OHCA LICENSING

15 JUL 15 P1:39

RECEIVED

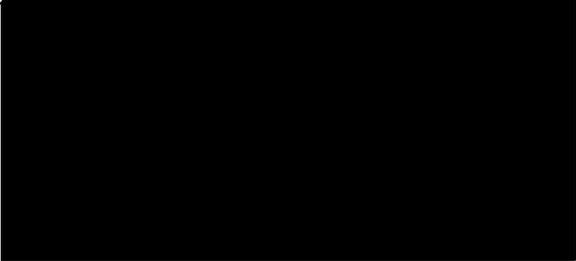
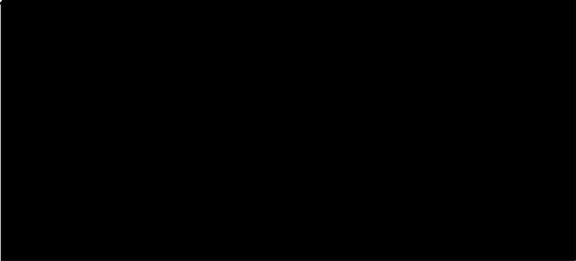
Office of Health Care Assurance

State Licensing Section

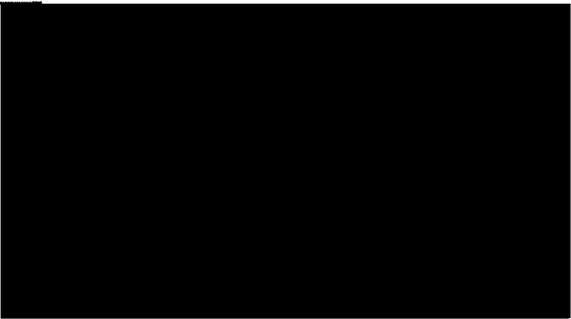
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Elena's Expanded Care ARCH, LLC	CHAPTER 100.1
Address: 77 Waiianuhea Place, Hilo, Hawaii 96720	Inspection Date: February 2, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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 Substitute care giver (SCG) [REDACTED] no current physical examination.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS</p> 		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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> <p>FINDINGS</p> <p>1) </p> <p>2) </p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS Resident [redacted] no admission assessment upon re-admission.</p>	<p><i>for the future I'll admit as new client, I had read my checklist</i></p>	<p><i>8/24/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident [redacted] no physical examination upon re-admission.</p>	<p><i>1</i></p> <p><i>to remember to do the admission assessment</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS Resident [redacted] no monthly weight for [redacted]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p>FINDINGS</p> <p>1) </p> <p>2) </p>	 <p><i>in the future, I will only admit Preserving client self client</i></p>	<p><i>8/24/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p>FINDINGS</p>	<p><i>for the future when I change bedding I will make sure that the pillow cover is on the pillow</i></p>	<p><i>8/24/15</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	No pliable plastic pillow protectors on all resident pillows.		
☒	<p>§11-100.1-83 Personnel and staffing requirements. (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>FINDINGS SCG [redacted] continuing education courses completed did not document date of completion or number of hours completed.</p>		
☒	<p>§11-100.1-87 Personal care services. (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p>FINDINGS Resident [redacted] no documentation of pneumococcal vaccination.</p>	<p><i>I will read my check list to remind me to get pneumococcal vaccination</i></p>	<p><i>8/24/15</i></p>
☒	<p>§11-100.1-88 Case management qualifications and services. (c)(1) 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>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS</p> <p>1) Resident [redacted] care plan did not address the nutritional concerns of the resident.</p> <p>2) Resident [redacted] care plan did not identify the names of persons required to perform interventions or services required.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p>FINDINGS Resident [redacted] no care giver training provided by the case manager.</p>		

Licensee/Administrator's Signature _____

Print Name _____

Date: _____

8/24/15