

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: MIVA ARCH	CHAPTER 100.1
Address: 87-158 Kaukamana Street, Waianae, Hawaii 96792	Inspection Date: February 15, 2018 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.

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

18 MAR 23 18:58

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Substitute care giver (SCG) #1 - No first aid certification.</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><i>Yes, the deficiency was corrected. The SCG #1 is an RN and one surveyor told this SCG #1 there's no need to have 1st aid certificate because SCG #1 work in the hospital. But this time the first aid certification was obtained right away, done & completed. See attached #1 for copy</i></p>	<p><i>2/16/18</i></p>

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<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><u>FINDINGS</u> Substitute care giver (SCG) #1 - No first aid certification.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, the first aid certification will be current & up to date per SCG #1. The licensee and PBT will always double check all the requirements for personnel, staffing and family requirements every year before inspection. Make a list of all the requirements to review so it will not be missed.</i></p>	<p style="text-align: right;"><i>2/16/18</i></p> <p style="text-align: right;">18 MAR 23 A8 58</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Resident #1 - "lisinopril 20 mg Take 1/2 tab (10 mg) by mouth daily (hold if systolic blood pressure below 110)" ordered 2/7/18, 7/26/17, 3/3/17; the April 2017 medication record noted on 4/15/17 the medication was taken by the resident for BP = 108/46.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes, the deficiency was corrected. The PCP reviewed the book where she wrote the vital signs and found she made a mistake not to give Lisinopril because SBP was below the parameters that was ordered by the doctor. As a licensed PCP was reminded to be careful and watchful giving the medication as ordered by the doctor - to follow doctors orders.</i></p>	<p style="text-align: center;">2/17/18</p> <p style="text-align: right;">'18 MAR 23 AM 58</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right; font-size: 2em; font-weight: bold;">RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Resident #1 - "lisinopril 20 mg Take 1/2 tab (10 mg) by mouth daily (hold if systolic blood pressure below 110)" ordered 2/7/18, 7/26/17, 3/3/17; the April 2017 medication record noted on 4/15/17 the medication was taken by the resident for BP = 108/46.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>As a licensee, I will re-educate the PCP about the hold parameters for giving the Lisinopril. I will check daily the medication record for the blood pressure reading if med. given. I will highlight the medication record the hold parameter.</i></p>	<p><i>7/26/18</i></p>

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- ✓ right drug
- ✓ right dose
- ✓ right time

Lastly: Remind Caregiver to put sticky notes on MAR for BP record to

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<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) 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 and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 - No documentation that the resident, power of attorney was informed of the charges for services.</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><i>Yes, the deficiency was corrected. The licensee got the record of the resident charges for services each month and was in placed at the policies and procedure signed by the legal guardian.</i></p> <p><i>See attached #2 for the copy</i></p>	<p>2/16/18</p> <p>18 MAR 23 18:58</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (e) Resident living areas shall be designed and equipped for the safety, comfort, and privacy of the resident;</p> <p><u>FINDINGS</u> Vertical blinds in the living/dining area are missing individual pieces as follows:</p> <ul style="list-style-type: none"> • For one (1) window facing the street, approximately 1/3 of the window is exposed. • For a second window, facing a neighboring home, approximately 1/4 of the window is exposed. 	<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><i>Yes, the deficiency was corrected. This care home is a rental care home and the owner was informed ahead of time to fix or replace vertical blinds but the owner did not respond until the inspection came. But the licensee, called the Hardiman to fix & all repairs were done & completed. The Hardiman came - fix & replaced all the missing vertical blinds for the safety & privacy of the resident.</i></p>	<p>2/17/18</p> <p>RECEIVED MAR 23 10 18 58 STATE OF HAWAII BOH-OSCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><u>FINDINGS</u> Front exit ramp partially obstructed by a chair.</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><i>Yes, the deficiency was corrected. The resident who used to sit down on the chair got dementia and always need reminders to take the chair out but he is forgetful. The PPE removed the chair immediately and the resident was instructed to sit down on the chair away from the exit ramp to be free from obstruction in case of emergency or fire.</i></p>	<p>2/13/18</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) 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><u>FINDINGS</u> Bedroom #3 - Wall outlet face plate was broken in half.</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><i>Yes, the deficiency was corrected - Bedroom #3. Licensee called Handiman to replace wall outlet face plate - done & completed.</i></p>	<p><i>2/17/18</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(1)(C) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Windows: Windows in residents' rooms shall have adequate means of insuring privacy.</p> <p><u>FINDINGS</u> Bedroom #3 - No vertical blinds for 1/2 of the window facing a neighboring home. Privacy is not ensured for the female resident.</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><i>Yes, the deficiency was corrected. This care home is a rental care home. The licensee notified the owner of the property ahead but did not respond to the need. But after the inspection the licensee called the Handyman to fix and replaced the vertical blinds on 2/17/18 to ensure privacy for the resident</i></p>	<p><i>2/17/18</i></p> <p>18 MAR 23 18:59</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(1)(C) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Windows:</p> <p>Windows in residents' rooms shall have adequate means of insuring privacy.</p> <p><u>FINDINGS</u> Bedroom #3 - No vertical blinds for 1/2 of the window facing a neighboring home. Privacy is not ensured for the female resident.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, Re: Bedroom #3 the licensee will notify ahead of time and if no response after one week, licensee will call the Handiman to fix all the vertical blinds to ensure privacy for the female resident.</i></p>	<p>2/17/18</p> <p>18 MAR 23 4:59</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(1)(C) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Windows: Windows in residents' rooms shall have adequate means of insuring privacy.</p> <p><u>FINDINGS</u> Bedroom #4 - Vertical blinds missing individual pieces so that 1/3 of the window is exposed to the neighboring home. Privacy is not ensured.</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><i>Yes, the deficiency was corrected Re: Bedroom #4. The licensee called the Handiman to fix and replace all the vertical blinds missing to ensure privacy of the resident.</i></p>	<p><i>2/17/18</i></p> <p>18 MAR 23 18:59</p> <p>STATE OF HAWAII DH-DHCA STATE LICENSING</p> <p>RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(1)(C) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Windows:</p> <p>Windows in residents' rooms shall have adequate means of insuring privacy.</p> <p><u>FINDINGS</u> Bedroom #4 - Vertical blinds missing individual pieces so that 1/3 of the window is exposed to the neighboring home. Privacy is not ensured.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future. re: Bedroom #4 as licensee I will make daily rounding of the home to check all the vertical blinds if missing or need to be fix or replace and report to the owner of the house but if no response after one week I will call the Handieman to fix or replace the vertical blinds to ensure privacy for the resident.</i></p>	<p><i>2/17/18</i></p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (i)(2) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure. Windows shall have screens having no less than sixteen meshes per inch. <u>FINDINGS</u> Bedroom #3 - The window screen was not engaged with the frame resulting in a one inch gap at the bottom of the screen.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Yes, the deficiency was corrected. The licensee called the Hardiman to fix the screen window to engage with the frame.</i></p>	<p style="text-align: center;"><i>2/17/18</i></p> <p style="text-align: center;">18 MAR 23 08:59</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHICA STATE LICENSING</p> <p style="text-align: center;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(2) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Windows shall have screens having no less than sixteen meshes per inch.</p> <p>FINDINGS Bedroom #3 - The window screen was not engaged with the frame resulting in a one inch gap at the bottom of the screen.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future Re: Bedroom #3. As licensee I will make daily rounding of the home to check all window screen if need to be fix or replace PCB/SCB need to report to licensee immediately. And the licensee will notify the owner ahead of time but if no response after one week - licensee will call Handyman to fix the problem.</i></p>	<p style="text-align: right;"><i>2/17/18</i></p> <p style="text-align: right;">18 MAR 23 08:59</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (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><u>FINDINGS</u> Bedroom #1 - No pliable plastic pillow protectors for two (2) pillows.</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><i>Yes, the deficiency was corrected Re: Bedroom #1 The licensee went to buy the plastic - water proof pillow protector for two pillows.</i></p>	<p><i>2/17/18</i></p> <p>'18 MAR 23 08:59</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (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 Bedroom #1 - No pliable plastic pillow protectors for two (2) pillows.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, as licensee I will make daily rounding of the home to check all the bedroom furnishing if pillows covered with pillow protector. Remind also the PAs to check daily if need replacement of pillow protectors and report to licensee immediately to provide comfort for the resident.</i></p>	<p>2/17/18</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> SCG #2 - No evidence of twelve (12) hours of continuing education courses.</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><i>Yes, the deficiency was corrected. The certificates of scg #2 were in a different binder. How was obtained and in place at the InService ARCH binder.</i></p>	<p><i>2/17/18</i></p> <p>18 MAR 23 08 59</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>RECEIVED</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3: 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. <u>FINDINGS</u> SCG #2 - No evidence of twelve (12) hours of continuing education courses.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, as licensee I will put and organize all the inservices record at the ARCH binder ready for inspection. Also I will reassign P&S to organize paperwork - all personnel and staffing requirements in one binder.</i></p> <p style="text-align: center;"><i>See attached # 3 for copies</i></p>	

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Licensee's/Administrator's Signature: Isolda Arredola R.
Print Name: Isolda ARREOLA
Date: 3-22-2018

Licensee's/Administrator's Signature: Isolda Arredola
Print Name: Isolda Arredola R.
Date: 5-9-2018

Licensee's/Administrator's Signature: Isolda Arredola
Print Name: Isolda Arredola
Date: 7-26-2018