2/1/18

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fabia ARCH-EC, L.L.C.	**CHAPTER 100.1**
Address: 94-301 Hilihua Way, Waipahu, Hawaii 96797	**Inspection Date: April 7, 2016 Annual**

	Rules (Criteria)	**Plan of Correction**	**Completion Date**
☒	§11-100.1-7 General operational policies. (c)I A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH. **FINDINGS** Resident #1, no operational agreement signed upon readmission.	prior to readmission before client returns home, will implement new plan to immediately sign new operational agreement before readmission. will cross check that all proper documents are signed before any action is done.	08/12/2016

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§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 resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it. **FINDINGS** Resident #1, physician level of care assessment reads, "ARCH" on the "Resident Annual Physical Examination Record" (ARCH 1 R 19B) dated 03/05/16. The ARCH N3 record dated 03/05/15 was incomplete upon admission; however, assessment dated 04/01/16 reads "ICF".	When admitting resident, PCG will cross check all documents and certify every component of information is properly done and filed away. PCG will certify all files complete with correct dates.	8/12/2016
☒	§11-100.1-10 Admission policies. (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained. **FINDINGS** Resident #1, no inventory of clothing and valuables upon readmission.	For all inventory lists/documents needed, PCG will complete and check that all is done and will have SCG and resident account for all paper works / valuables are on list.	8/12/2016
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the	The residents diet order on admission and readmission by the doctor should be documented; on 3/5/16 - Resident #1 have 2 diet order - For PCG to correct need communication / clarification from doctor	8/8/16

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☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #1, two (2) signed physician orders dated 03/05/16; one (1) reads "mechanical soft diet" while the other reads, "soft diet" However, regular diet provided upon readmission.	primary caregiver will contact the ~~Primo~~ PCP to request clarification when order is only listed as a texture. primary caregiver will obtain the verbal order and record it in the Doctor's order. primary caregiver will get the order signed by DR and made available to resident.	5/11/18
☒	§11-100.1-17 Records and reports. (a)(6) 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: Physician or APRN signed orders for diet, medications, and treatments; **FINDINGS** Resident #1, the primary care giver (PCG) admission assessment dated 03/05/16 reads, "Regular diet, problems chewing and aspiration precautions". The PCG assessment did not request clarification on the following discrepencies: • Physician order dated 03/05/16 and documented on the ARCH N3 01/07 reads, "Mechanical Soft Diet". • Physician order dated 03/05/16 and documented on the ARCHIR 18A 05/07 reads, "Soft Diet". • Hospital "After Summary Visit" (AVR) summary signed by RN and dated 03/05/16 reads, "Diet may be advance to regular diet if doing better with swallowing".	primary care giver will need a clear order and will contact the PCP to request clarification so all records and diets provided match Dr's orders.	5/11/18
☒	§11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's	will no longer use "correction" tape all records and reports of a resident are kept secured so PCG transfered all the records of the residents to different location where all the records are locked always.	5/12/2018

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	guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. **FINDINGS** 1. Correction tape used on the resident register for Resident #1. 2. Resident records unsecured in a "locked office". However, three (3) doors for the office were unlocked.	primary caregiver will remove white out correction tape from office and will instruct subcaregivers that they may not use "whiteout". primary caregiver will go the care home register right after another agency or family has taken full responsibility for a resident. primary caregiver will document correct dates.	5/11/18 5/11/18
☒	§11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; **FINDINGS** Permanent register was not maintained Repeat citation (2015). Resident #1, no discharge and no readmission date recorded.		
☒	§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement	PCG will properly document files and have financials signed by residents and be kept up to date - monthly.	8/12/2018

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	signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. **FINDINGS** Resident #1, no signed financials.	~~On resident account under department~~ of health's rule – PCG agree to be responsible of resident's fund. Resident #1- no financial agreement been signed correction - PCG did enclosed – you'll find the late entry of financial agreement.	8/8/16
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C) Residents' rights and responsibilities: 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: 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; **FINDINGS** Resident #1, no documentation for a signed written agreement, at the time of readmission.	For future happening as soon as readmission admission of resident PCG will do the financial agreement right away. with every readmission, PCG will properly complete all files needed as soon as possible. (end of day admission) and have SCG#1 overlook all documents are completed before storing away in files.	8/12/2016
☒	§11-100.1-23 Physical environment. (g)(3)(I) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions:	PCG will properly store all needed documents in resident folder. in order to	8/12/2016

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	Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of 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: **FINDINGS** Resident #1, no self-preservation certificate upon readmission.	ensure all things required are completed, PCG will have SCG cross check resident files in order to verify and certify all document made available.	8/12/2016
☒	§11-100.1-23 Physical environment. (o)(1)(D) Bedrooms: General conditions: Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries; **FINDINGS** Bedroom #5, used as a corridor to enter a PCG office.	Drawer for clothes placed in way of entrance to PCG office. Door is locked and no longer used as a corridor to enter the PCG office.	8/12/2016
☒	§11-100.1-83 Personnel and staffing requirements. (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. **FINDINGS**	PCG will designate specific times SCGs will attend seminars to show proof of evidence of successful completion of 12 Hours of	8/12/2016

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	Substitute care giver #3, no documentation for the annual continuing education hours requirements.	~~continuing education per year.~~ PCG will require SCG to turn in certificates day after session.	
☒	§11-100.1-88 Case management qualifications and services. (a)(2) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who: Has at least two years experience with client care coordination responsibilities and possesses knowledge and skills pertaining to the long term care needs of the geriatric population. The department may allow substitution of two additional years of client care coordination experience for a bachelor's degree. **FINDINGS** Resident #1 the case management service plan does not address the physician diet order.	The diet order has been included and written in the Service Plan. To prevent this from happening again, the PCG together with the RN case manages will review the service plan every month to make sure the residents care needs are completely addressed in the Service Plan	8/8/16

Licensee's/Administrator's Signature: Ninfa Fabia

Print Name: Ninfa Fabia

Date: 2/1/18

Licensee's/Administrator's Signature: Ninfa C. Fabia

Print Name: NINFA C. FABIA

Date: August 11, 2016

handed in 8/15/16

Licensee's/Administrator's Signature: Ninfa Fabia

Print Name: Ninfa Fabia

Date: 05/22/18