

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Island Promise ARCH, L.L.C.	CHAPTER 100.1
Address: 1336 Uila Street, Honolulu, Hawaii 96818	Inspection Date: October 3, 2017 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.**

*Ante Felipe Rx*  
*5/2/18*

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DOH-OHCA  
STATE LICENSING

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b>FINDINGS</b></p> <ul style="list-style-type: none"> <li>• SCG #1 – No documented evidence of an initial tuberculosis clearance.</li> <li>• HK #1 – No documented chest x-ray following 4/19/2010 positive skin test.</li> </ul>	<p><b>PART 1</b> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b> <b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	<p>10/5/2017</p> <p><i>Auti Felpe</i></p>

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Island Promise ARCH

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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><b>FINDINGS</b> Loperamide Hcl 2 mg found in Resident #1's container of medications without a label for the resident, or a medication order.</p>	<p style="text-align: center;"><b>PART 1</b> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	<p>10/3/2017 and 10/4/2017</p> <p><i>Amber Felipe</i></p> <p style="text-align: right;"><b>RECEIVED</b></p>

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☒	<p>§11-100.1-15 <u>Medications.</u> (g)            All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b>FINDINGS</b>            Resident #1 medication orders from 1/10/2017 not reevaluated until 6/1/2017.</p>	<p><b>PART 1</b>  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b>  <b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	<p>10/4/2017</p> <p><i>Artes Felipe</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (e)            In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b>FINDINGS</b>            Resident #1 emergency information sheet incomplete. No medications listed.</p>	<p><b>PART 1</b>  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b>   <b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	<p>10/3/2017</p> <p><i>Ante Felipe</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d)            An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b>FINDINGS</b>            Resident #1's inventory last updated on admission – 4/30/2015.</p>	<p><b>PART 1</b>  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b>  <b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	<p>10/4/2017</p> <p><i>Amie Felye</i></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> (h)(3)  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>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b>FINDINGS</b>  PCG stated she sanitizes dishes once a week, instead of after each use.</p>	<p style="text-align: center;"><b>PART 1</b>  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b>  <b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	<p style="text-align: center;">10/4/2017</p> <p style="text-align: center;"><i>Ante Felipe</i></p>

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Licensee's/Administrator's Signature: Anita Felipe  
Print Name: Anita Felipe  
Date: 10/5/2017

Submitted 2/16/2018  
Anita Felipe

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Initial: \_\_\_\_\_

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DOH-OHCA  
STATE LICENSING

Licensee's/Administrator's Signature: Anita A. Felipe

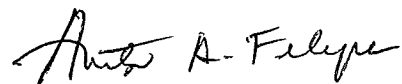
Print Name: Anita A. Felipe

Date: May 2, 2018

Island Promise ARCH, LLC  
1336 Uila St., Honolulu Hawaii 96818  
CHO: Anita Felipe, RN, BSN

Statement of Deficiencies and Plan of Correction  
Inspection date: October 3, 2017

- 11-100.9 Personnel, staffing and family requirements
- HK #1 1) The staff was able to locate the follow up chest X ray certificate which was not included in the CHO folder.  
The staff was given PPD on 4/16/2010. It was read on 4/19/2010. She has induration of 10 mm.  
She had Chest X-ray done on 4/19/2010. X-ray number 892578. This Chest X ray did not show any TB disease in the lungs.  
Annually, the staff was seen by a physician for TB Risk Assessment and Attestation Screening.
- 2) CHO created a checklist of all the incoming ARCH staff to fulfill and provided to the CHO on timely manner before they can start working in the ARCH facility. All requirements are stored them in the Employee Folder and in the CHO folder for immediate reference.  
Annual TB Risk Assessment and Attestation Screening is done to the staff by a physician.
- SCG #1 - 1) This Staff was not able to obtain the evidence of initial tuberculosis clearance. She was able to obtain Chest X ray on March 17, 2018 and a certificate were issued to fulfill TB clearance for the State of Hawaii. which attest that she is free of communicable. This SCG has resigned on January 15, 2018.
- 2) CHO created a checklist of all requirements for all incoming staff of the ARCH facility. These requirements are submitted to the CHO and placed in the CHO folder before they can start working to the ARCH facility.



Anita A. Felipe, RN, BSN, CHO  
May 2, 2018

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HK #1 - 1) The staff was able to locate the follow up chest X ray certificate which was not included in the CHO folder, after she had a positive PPD test on 4/19/2010. The follow up Chest X-ray was done on 4/16/2010. This Chest X did not show any TB disease in the lungs.  
2) CHO created a checklist of all the incoming ARCH staff to fulfill and submitted to the CHO on timely manner before they can start working in the ARCH facility. All requirements are submitted to the CHO and secured them in the CHO folder for immediate reference

**11.100.1-12 Medications (e)**

- 1) Loperamide was removed from the resident's medication bin  
Obtained a physician order for the over the counter medication and labeled the medication container with the resident's name, route and frequency.
- 2) CHO checked and double check all the resident's medication bin and remove all medications without any physician orders.  
Always obtain a physician's order for all over the counter before giving to the residents.

**11-100.1-15 Medications. (g)**

- 1) CHO made an appointment to the resident's physician to obtain every 3-4 months evaluation of the resident's medication evaluation. Documented to the progress note when the physician ordered to see the resident in 6 months instead of 3-4 months.
- 2) CHO created a patient schedule to see the PCP for medical, physical and medication evaluation. CHO will document all resident's doctor's visit.

**11-100.1-17 Records and Reports (e)**

- 1) CHO completed the Emergency information sheet second page indication the list of all the resident's medications.
- 2) During admission process, CHO will double check all the forms are completely filled up. CHO will routinely do monthly check to all the resident's folders to make sure that all forms are filled up completely

2/16/2018  
Aruta Felipe

**11-100.1-19 Residents Accounts (d)**

- 1) CHO and other staff checked all the resident's clothing and belongings and updated and dated the resident's lists of Residents Valuables and Clothing in the resident's folder.
- 2) CHO and staff make sure that all new clothes and belonging of the resident are indicated in the Resident's Valuables and Resident's clothing and dated the list when new items are received. CHO and staff will do monthly inventory and update the Resident's Valuables and belonging and properly indicated and dated the valuable and belonging form

**11-100.1-23 Physical environment. (h) (3)**

- 1) CHO and staff used bleached to sanitize the dishes after each use using the accepted mixture.
- 2) CHO posted a reminder to the staff to sanitize the dishes and utensil so that all the staff will adhere to this rule.

2/16/2018

Ante Felipe  
Island Promise ARCTH