

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manayan's ARCH-EC-LLC (E-ARCH)	CHAPTER 100.1
Address: 1319 Gulick Avenue, Honolulu, Hawaii, 96819	Inspection Date: November 2, 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.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE LICENSING SECTION  
NOV 13 2018

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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><u>FINDINGS</u> SCG#1 – No current annual physical exam.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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><i>SCG no longer working in the care home and if she come back I will make it sure to secure a current Physical Exam.</i></p>	<p>11-12-18</p> <p style="text-align: right;">18 NOV 13 AM 24 STATE OF MICHIGAN STATE DEPARTMENT OF HEALTH</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>  (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><b>FINDINGS</b>  SCG#1 - No current annual physical exam.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will make sure that my SCG Physical Exam. check shall be done within one year period. I will make sure my SCG PE check due to ensure that I won't forget the due date. I will make my own check list to check the due date every month and everytime or me on vacation. In addition if my SCG. PE check are not up to date (Expired) shall not be allowed to work in the care home</p>	<p>12-4-18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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> SCG#1 – No annual tuberculosis clearance.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>SCG no longer working in the carehome and if she come back I will make it sure to secure a annual tuberculosis clearance</i></p>	<p>11-12-18</p>

STATE OF NEW YORK  
DEPARTMENT OF SOCIAL SERVICES  
STATION 118

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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><u>FINDINGS</u> SCG#1 – No annual tuberculosis clearance.</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>In the future, I will make sure that my SCG Tuberculosis clearance check shall be done within one year period. I will make sure my SCG TB check due to ensure that I would forget the due date. I will make my own check list to check the due date every month + everytime or me on vacation. In addition if my SCG TB check are not up to date (Expired) shall not be allowed to work in the care home.</p>	12-4-18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b>FINDINGS</b> Refrigerator temperature at 50 degrees Fahrenheit.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><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><i>Provide new thermometer to make it sure the refrigerator is working good and right temperature.</i></p>	<p><i>11-17-18</i></p> <p style="text-align: right;">18 NOV 13 110 25</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE POLICE</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b>FINDINGS</b> Refrigerator temperature at 50 degrees Fahrenheit.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future that it will not happen again, I will make a list 2x a week to check the refrigerator in a right temperature and hung in front the refrigerator.</p>	<p>11-17-18</p> <p style="text-align: right;">18 NOV 13 10:25 STATE HEALTH DEPT STAFF SERVICES DIV</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> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b>FINDINGS</b> Resident#1 – No documentation that case manager trained PCG, SCG#1, SCG#2, SCG#3, and SCG#4 to provide training for bandage application for expanded ARCH resident.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><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><i>Training done on 3/1/18 but not documented on skill form; all training should documented in the skill form.</i></p>	<p>11-5-18</p> <p style="text-align: right;">18 NOV 13 10:25 STATE OF OHIO</p>

REMOVED



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b>FINDINGS</b> Resident#1 - No documentation that case manager trained PCG, SCG#1, SCG#2, SCG#3, and SCG#4 to provide training for bandage application for expanded ARCH 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>In the future if my client is expanded care I will make sure that my case manager shall give me, including my SCG, a full delegation of the procedures and treatments of (bandage) leg wrap on both legs and off of H's and complete details of care including practical on-hand training. All of these delegation and on-hand training shall be documented as required. In addition I will have my case manager to recheck on a monthly routine and do assessment of an expanded client.</p>	<p>12-4-18</p>

	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><b>FINDINGS</b> SCG#1 – No continuing education courses completed within the last year.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><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>SCG no longer working in the care home and if she come back I will make it sure to attend the 12 hrs continuing education courses.</p>	<p>12-18</p> <p style="text-align: right;">18 NOV 13 10:25 STATE LICENSING</p>

	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><b>FINDINGS</b> SCG#1 – No continuing education courses completed within the last year.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Regarding about 12 hrs continuing Education, I will make sure that in every 3 months 4hrs C.E. shall be done, and one month before my annual inspection I will recheck if my SCG 12hrs (C.E.) are completed. In addition if my SCG does not met the 12hrs C.E. shall not be allowed to work in my care home until 12hrs C.E. is completed.</p>	<p>12-4-18</p>

Licensee's/Administrator's Signature: *Florence Manayan*  
Print Name: Florence Manayan  
Date: 11-12-18

Licensee's/Administrator's Signature: *Florence Manayan*  
Print Name: Florence Manayan  
Date: 12-4-18

STATE OF CALIFORNIA  
HIGHWAY &  
STATE LICENSING

NOV 13 10:25

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