

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|  |   |
|--|---|
| Facility's Name: E. Mabini ARCH                            | CHAPTER 100.1                             |
| Address:<br>94-1083 Kuhaulua Street, Waipahu, Hawaii 96797 | Inspection Date: February 14, 2019 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.**

19 MAR 13 P 3:25

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|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date                                     |
|-------------------------------------|---|--|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-84 <u>Admission requirements.</u> (b)(4)<br/>Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1, no documentation of annual flu vaccination.<br/>Record reads, Refused influenza 11/07/17.</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> <i>yes</i></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>See attached</i></p> | <p style="text-align: center;"><i>2-14-2019</i></p> |

STATE OF CONNECTICUT  
 DEPARTMENT OF SOCIAL SERVICES  
 1100 MAIN STREET  
 HARTFORD, CT 06103

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Plan of Correction Part 1 page 2

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Vaccine record was in the other binder as the chart was thinned out due to discharge of the resident to the hospital. In the old chart it was documented on progress notes dated 10-09-18 that influenza vaccine was declined by subject resident.

To correct the deficiency, vaccine administration record was updated and wrote 10/09/18 that influenza vaccine was declined by the resident.

*M. L. L.*

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Plan of Correction Part 2 page 3

'19 MAR 13 P3:25

**Future Plan**

STATE OF HAWAII  
DEPARTMENT OF  
STATE LICENSING

1. Care home operator to update annual vaccination record with all admissions and readmissions
2. Care home operator to file updated annual vaccination form in the resident's chart.

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date   |
|-------------------------------------|---|---|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u><br/>(c)(1)<br/>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>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><b>FINDINGS</b><br/>Resident #1, no evidence of a comprehensive assessment prior or upon readmission (12/14/18). Case Manager (CM) made face-to-face contact on 1/10/19, after readmission.</p> | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p style="text-align: center;">3-13-2019</p> <p style="text-align: center;">*19 MAR 13 P 3:26</p> <p style="text-align: center;">STATE OF IOWA<br/>PARISHA<br/>STRELL/KADISH/19</p> <p style="text-align: center;">RECEIVED</p> |

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Plan of Correction Part 2 page 5

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Future Plan

STATE OF HAWAII  
HSP-DMCA  
STATE LICENSING

1. Care home operator to notify case manager of an impending readmission
2. Care home operator to discuss Chapter 11-100.1-88 rules with case manager
3. Care home operator to schedule case manager to come and assess the resident and to create a comprehensive care plan upon readmission
4. Care home operator to discuss care plan with the case manager
5. Care home operator to file the comprehensive assessment care plan in the resident's chart

A handwritten signature in black ink, appearing to read "Parker".



|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date   |
|-------------------------------------|--|---|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u><br/>(c)(2)<br/>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><b>FINDINGS</b><br/>Resident #1, no evidence of a care plan upon readmission based on a current comprehensive assessment.</p> | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p style="text-align: center;">3-13-2019</p> <p style="text-align: center;">19 MAR 13 P 3:26</p> <p style="text-align: center;">STATE OF ILLINOIS<br/>BEH-ARCH<br/>STATE Licensure</p> <p style="text-align: right;">RECEIVED</p> |

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Plan of Correction Part 2 page 7

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Future Plan

STATE OF HAWAII  
DEPARTMENT OF  
STATE LICENSING

In the future, if case manager does not agree to see the resident in person on admission or readmission, care home operator to collaborate with resident's family or guardian to have another case manager assess the resident and develop a care plan based on the comprehensive care plan created.

A handwritten signature in black ink, appearing to read "M. L. L.", is centered on the page.

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date   |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6)<br/>           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><b><u>FINDINGS</u></b><br/>           Resident #1, no evidence of training upon readmission to ensure that the care givers follow the CM care plan.</p> | <p><b>PART 1</b></p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>3-13-2019</p> <p style="text-align: right;">19 MAR 13 P 3:26</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII<br/>           BOH-ORCA<br/>           STATE LICENSING</p> <p style="text-align: right; font-size: x-small; transform: rotate(90deg);">RECEIVED</p> |

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Plan of Correction Part 2 page 9

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Future Plan

STATE OF HAWAII  
DCH-ORCA  
STATE LICENSING

1. Care home operator to schedule a training or education with the case manager and all caregivers based on the resident's problem list.
2. Care home operator to write scheduled date of training on the calendar or planner.
3. Care home operator to confirm scheduled training date with the case manager and all caregivers.

*Mulien*

Licensee's/Administrator's Signature: Muleni

Print Name: Eden S. Mabini

Date: 3-13-2019

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STATE OF HAWAII  
D&H-DHCA  
STATE LICENSING