

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fabia ARCH-EC, LLC	CHAPTER 100.1
Address: 94-301 Hihua Way, Waipahu, Hawaii 96797	Inspection Date: April 18, 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.

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING

19 APR 24 P2:39

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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 identification of charges for specific services. For example, General Operational Policy signed and dated 04/08/19 under Rates for Services reads, "Rates range from "\$1,400- \$5,000 per month, depending upon the care required."	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY YES, corrected deficiency by editing prior file of the general operational policy that now indicates the specific total charge amount for the specific services offered. Also had resident read over new policy with updated rate amount and had resident sign off and date. 04/19/19	04/19/19

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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, licensed by the department; however, licensee states she locks the room as it is vacant used for storage.	<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>YES, primary and sub caregivers aware of policy and removed items stored in room immediately for use of any future resident. primary caregiver unlocked door and cleared storage out of room. 4/19/19</p>	<p style="text-align: center;">4/19/19 ✓</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; FINDINGS Monthly fire drills, not conducted under varied times of day and conditions. For example, all drills occurred during mid-afternoon and identified the use of the front door to exit.	<p style="text-align: center;">PART 1</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;">4/19/19</p>

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Licensee's/Administrator's Signature:

Mary A. Falk

Print Name:

MARY A. C. FA BIA

Date:

April 23, 2019

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