Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: All Hearts ARCH, L.L.C.	CHAPTER 100.1
Address: 5962 Kawaihau Road, Kapaa, Hawaii 96746	Inspection Date: January 21, 2020 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-7 General operational policies. (c) 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, admitted on 1/7/2019 and General Operational Policy (GOP) dated 1/7/2019. However, no evidence to enforce non-smoking policy noted in GOP. I.e. Caregiver reports resident use of "Frebreeze" spray to mask tobacco odor in bedroom. Ash tray was noted on an outdoor table.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** For this deficiency, only a future plan is required. Resident #1 was discharged to the hospital on 2/14/2020. Acute cholecystitis	2/14/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-7 General operational policies. (c) 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, admitted on 1/7/2019 and General Operational Policy (GOP) dated 1/7/2019. However, no evidence to enforce non-smoking policy noted in GOP. I.e. Caregiver reports resident use of "Frebreeze" spray to mask tobacco odor in bedroom. Ash tray was noted on an outdoor table.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Pre-admission assessment, CHO to ask family/possible resident if smoking or not and to enforce non-smoking policy. CHO to review General Operational Policy to family/resident at least yearly and as needed.	2/21/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **<u>FINDINGS</u>** Annual tuberculosis (TB) attestation invalid. No evidence of a positive PPD skin test conversion for the following: 1. Household member #1 2. Primary Care Giver (PCG) Please submit evidence to complete two (2) TB attestation clearances with your plan of correction (POC).	**PART 1** **<u>DID YOU CORRECT THE DEFICIENCY?</u>** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Copies of two (2) TB attestation clearances obtained from the Department of Health on 01/21/2020 and filed in the care home binder (copies attached.)	01/21/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Annual tuberculosis (TB) attestation invalid. No evidence of a positive PPD skin test conversion for the following: 1. Household member #1 2. Primary Care Giver (PCG) Please submit evidence to complete two (2) TB attestation clearances with your plan of correction (POC).	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TB attestation clearance added to the checklist requirements for inspection. CHO to double check all required forms ie complete when submitted. CHO to check checklist requirements for inspection at least three (3) months before license expires.	01/21/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** Resident #1, PCG provided training for two (2) of three (3) substitute care givers; however, no PCG's qualification documentation available. Please submit a written statement to identify the current PCG and evidence of PCG qualifications with the POC.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** For this deficiency, only a future plan is required. Current PCG is CHO. Assigned PCG by CHO did not act as PCG since last inspection, January 2019 CHO/PCG doing the substitute caregivers' training	2/1/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** Resident #1, PCG provided training for two (2) of three (3) substitute care givers; however, no PCG's qualification documentation available. Please submit a written statement to identify the current PCG and evidence of PCG qualifications with the POC.;	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Current PCG is CHO. Before CHO assigned a PCG, CHO needs to submit a written request to the Department with the documents required. CHO to wait for the approval from the Department.	Future Plan

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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, "Low Sodium Diet" ordered 6/20/19; however, no standard diet order requested, no notification to provider that facility is not licensed to provide special diets and no request for special diet training made to the department. Please submit evidence of efforts to correct with the POC.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** For this deficiency, only a future plan is required. Resident #1 was admitted to the hospital on 2/14/2020 Diagnosis: Acute Cholecystitis.	2/14/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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, "Low Sodium Diet" ordered 6/20/19; however, no standard diet order requested, no notification to provider that facility is not licensed to provide special diets and no request for special diet training made to the department. Please submit evidence of efforts to correct with the POC.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Care Home is not licensed to provide special diets. Will request for special diet training to the Department. For now, CHO to carefully read diet order on admission & after doctor's visit. CHO to inform PCP right away as soon as found out that resident is on a special diet order. CHO to review diet order at least quarterly when monthly summary being done.	2/21/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #1, no documentation to acknowledge a new diet order (Low Sodium Diet) signed by provider on 6/20/19.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** For this deficiency, only a future plan is required. Resident #1 was discharged to the hospital on 2/14/2020. Diagnosis: Acute cholecystitis	2/14/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #1, no documentation to acknowledge a new diet order (Low Sodium Diet) signed by provider on 6/20/19.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Care Home is not licensed to provide special diets. Will request for special diet training to the Department. For now, CHO to carefully read diet order on admission & after doctor's visit. CHO to inform PCP right away as soon as find out that resident has a special diet order. CHO to review diet order at least quarterly when monthly summary being done.	2/21/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. **FINDINGS** Bedroom #3, chemical ("Febreeze Aerosol Spray") spray can on floor in resident's bedroom, unsecured.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** chemical "Febreeze Aerosol Spray" was removed in resident's bedroom on the day of inspection, 01/21/2020 and stored in a locked cabinet.	01/21/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. **FINDINGS** Bedroom #3, chemical ("Febreeze Aerosol Spray") spray can on floor in resident's bedroom, unsecured.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** When a resident goes out on an unsupervised pass. Staff to check resident's belongings when returning from pass. Staff to check very independent & very alert resident's room daily and CHO to check at least weekly.	2/21/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Bedroom #2, unsecured medication ("Triple Antibiotic Ointment") in the drawer of a bedside stand.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** unsecured medication in the drawer of a bedside stand, bedroom #2 was removed on the day of inspection, 01/21/2020.	~~01/21~~ 01/21/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Bedroom #2, unsecured medication ("Triple Antibiotic Ointment") in the drawer of a bedside stand.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** CHO/staff to remind family/friends when they come to visit to not just give anything (medicine, foods, etc) directly to resident. They should give them to staff to check. Staff to check resident's bedside stand drawer at least weekly and CHO to check at least montly.	01/27/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(3) 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: Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency; **FINDINGS** Resident #1, Emergency Information Form dated 1/7/19 is incomplete. I.e. no documentation to identify cardiologist, annual tuberculosis clearance and current medication list. Please submit accurate Emergency Information Form with the POC.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** For this deficiency, it was corrected when resident #1 was readmitted to the care home on 2/21/2020 (see attachments)	2/21/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(3) 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: Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency; **FINDINGS** Resident #1, Emergency Information Form dated 1/7/19 is incomplete. I.e. no documentation to identify cardiologist, annual tuberculosis clearance and current medication list. Please submit accurate Emergency Information Form with the POC.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Reviewing accuracy of Emergency Information Form added to the checklist requirements for inspection. CHO to check/review checklist requirements for inspection at least three (3) months before license expires.	2/21/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1, no evidence of annual physical examination (PE). I.e., PE on file dated 1/7/2019. Please submit evidence of the annual PE with the POC.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** For this deficiency, only a future plan is required. Resident #1 was discharged to the hospital, 2/14/2020. Dx. Acute cholecystitis. Attached - readmission Physical Examination	2/21/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1, no evidence of annual physical examination (PE). I.e., PE on file dated 1/7/2019. Please submit evidence of the annual PE with the POC.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Mark on the calendar at least two (2) months before the expiration of the annual Physical Examination and make the appointment with PCP right away.	2/21/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1, no evidence in progress notes of the resident's response to physician advice 6/20/2019 to reduce smoking.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** For this deficiency, only a future plan is required.	2/14/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1, no evidence in progress notes of the resident's response to physician advice 6/20/2019 to reduce smoking.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** If unable to get a copy of the doctor's notes on the day of ~~admission~~ visit, staff to get a copy at least one week after the visit. Staff to read and document right away on the progress notes whatever the physician's recommendations. CHO to double check when doing monthly summary.	01/21/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(F) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Smoking shall be permitted only in approved areas where proper equipment and supervision is provided; **FINDINGS** Resident #1, no evidence of a policy or supervision for smoking. Resident is a smoker as documented in the record.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** No policy or supervision for smoking done. "NO SMOKING FACILITY"	2/14/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(F) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Smoking shall be permitted only in approved areas where proper equipment and supervision is provided; **FINDINGS** Resident #1, no evidence of a policy or supervision for smoking. Resident is a smoker as documented in the record.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, will not admit any smoker to the facility. CHO to enforce non-smoking policy.	2/21/2020

Licensee's/Administrator's Signature: ______________________

Print Name: Lalaine Rabaino

Date: 4/19/2020