Office of Health Care Assurance

**State Licensing Section**

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|---|---|
| **Facility's Name: Aloha Lifeline ARCH/E-ARCH** | **CHAPTER 100.1** |
| **Address:**<br>**91-983 Ikulani Street, Ewa Beach, Hawaii 96706** | **Inspection Date: October 1, 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 |
|---|---|---|---|
| ☒ | §11-100.1-14 Food sanitation. (f)<br>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.<br><br>**FINDINGS**<br>Chemicals unsecured with an inadequate lock. I.e. Baby lock open and unsecured on the cabinet door handle.<br>Clorox and other chemicals unsecured in kitchen cabinet. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** | |

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| ☒ | §11-100.1-15 Medications. (a)<br>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.<br><br>**FINDINGS**<br>Resident #1, pharmacy labeled container (09/26/20) does not reflect order as follows:<br><br>1. 09/04/20 verbal order states, "Pain Relief 500 mg TID PRN for pain or fever over 99˚,"<br>2. Medication administration record (MAR) reads, "Pain Relief 500 mg TID PRN for pain or fever over 99˚;"<br>3. However, pharmacy labeled container (09/26/20) reads, label states "Acetaminophen 500 mg po TID, hold if unable to give by mouth or sleepy." | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** | |

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| ☒ | §11-100.1-15 Medications. (e)<br>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.<br><br>**FINDINGS**<br>Resident #1, on 09/04/20, Primary Care Giver (PCG) requested verbal order for PRN pain reliever. Physician signed PRN order 09/28/20; however, no order to discontinue or evidence of "Acetaminophen 500 mg po TID, hold if unable to give by mouth or sleepy" order on:<br><br>1. 11/25/19<br>2. 07/08/20<br>3. 09/28/20 | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** | |

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| ☒ | §11-100.1-17 Records and reports. (b)(7)<br>During residence, records shall include:<br><br>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;<br><br>**FINDINGS**<br>Resident #1, five (5) of twelve (12) monthly weight checks read as, "Unable to obtain." However, no evidence of PCG request for assistance from the Case Manager (CM.) | **PART 1**<br><br>**Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** | |

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| ☒ | §11-100.1-83 Personnel and staffing requirements. (5)<br>In addition to the requirements in subchapter 2 and 3:<br><br>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.<br><br>**FINDINGS**<br>PCG and substitute care givers (SCG) did not complete the twelve (12) hours of annual education hours as follows:<br><br>1. PCG – completed five (5) hours<br>2. SCG #1 – completed five (5) hours<br>3. SCG #2 – completed five (5) hours<br>4. SCG #3 – completed zero (0) hours<br><br>*Please submit copies of hours for continuing education to be credited towards completing 2019-2020 inspection year.* | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** | |

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| ☒ | §11-100.1-88 Case management qualifications and services. (c)(4)<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:<br><br>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;<br><br>**FINDINGS**<br>Resident #1, no updates to the care plan since 02/14/20 for:<br><br>1. No plan to assess or monitor pain; however, PCG requested PRN order to replace TID order<br>2. No plan to assess and monitor nutrition; however, weight increased 175# (11/2019) to196# (09/2020) | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** | |

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____