

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Analani ARCH, L.L.C	CHAPTER 100.1
Address: 98-137 Kaluamoi Place, Pearl City, Hawaii 96782	Inspection Date: <April 6, 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
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (a)(8) General operational policies of an ARCH or expanded ARCH shall be submitted by the applicant in writing to the department prior to licensure and shall include, but shall not be limited to:</p> <p>Infection control procedures;</p> <p><u>FINDINGS</u> Infection control procedures unavailable for review.</p>	<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 style="text-align: center;">INFECTION CONTROL PROCEDURES DEVELOPED IN ADDITION WITH THE GENERAL OPERATIONAL POLICIES OF AN ARCH OR E-ARCH.</p> <p style="text-align: center;">SEE ATTACHMENT #1</p>	<p style="text-align: center;">4/6/2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (a)(8) General operational policies of an ARCH or expanded ARCH shall be submitted by the applicant in writing to the department prior to licensure and shall include, but shall not be limited to:</p> <p>Infection control procedures;</p> <p>FINDINGS Infection control procedures unavailable for review.</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 style="text-align: center;">THE INFECTION CONTROL PROCEDURES WILL BE IMPLEMENTED AND REVIEWED BY THE PRIMARY CAREGIVER AND SUBSTITUTE CAREGIVERS PERIODICALLY TO ENSURE IT IS BEING FOLLOWED AND APPLIED ALL THE TIME WHETHER IT'S A PANDEMIC OR NOT.</p>	<p style="text-align: center;">4/6/2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p>FINDINGS Care plan dated 2/6/2020 and reviewed by case manager on 3/10/2020 states, "Document the amount of food/fluid taken". Fluid intake is not being documented. Food intake is not being documented numerically by amount (e.g., 100%, 75%, 25% or 0% eaten), instead documented as "Excellent, Good, Fair, or Poor".</p>	<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>THE CARE PLAN WERE REVISITED AND UPDATED. PRIMARY CARE GIVER CREATED A FLOWSHEET SHOWING THE NUMERICAL VALUE (%) OF FOOD EATEN AND AMOUNT OF FLUID TAKEN EACH MEAL.</p>	<p style="text-align: center;">4/6/2020</p>

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Licensee's/Administrator's Signature: Coragkebuligawa

Print Name: CORAGON G. KOBASHIGAWA

Date: June 05, 2021