

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Kina 'Ole Estate Elima, LLC</b>	<b>CHAPTER 100.1</b>
<b>Address: 1368 Kuloaa Place, Kailua, Hawaii 96734</b>	<b>Inspection Date: May 15, 2020 Annual</b>

**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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (a)(2) Licensees of an expanded ARCH shall admit nursing facility level residents as determined and certified by the resident’s physician or APRN.</p> <p>A Type II expanded ARCH shall provide services to nursing facility level residents not to exceed twenty percent of the licensed capacity, provided that more nursing facility residents may be allowed at the discretion of the department; provided further that the department shall exercise its discretion for a resident presently residing in a Type I or Type II home to allow the resident to remain as an additional nursing facility resident based upon the best interest of the resident. The best interest of the resident shall be determined by the department after consultation with the resident, the resident family, primary physician, case manager, primary care giver and home operator.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Admitted as ARCH level of care; however, resident required considerable assistance with activities of daily living. No attempt made to have physician clarify or reevaluate resident’s level of care.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (a)(2) Licensees of an expanded ARCH shall admit nursing facility level residents as determined and certified by the resident's physician or APRN.</p> <p>A Type II expanded ARCH shall provide services to nursing facility level residents not to exceed twenty percent of the licensed capacity, provided that more nursing facility residents may be allowed at the discretion of the department; provided further that the department shall exercise its discretion for a resident presently residing in a Type I or Type II home to allow the resident to remain as an additional nursing facility resident based upon the best interest of the resident. The best interest of the resident shall be determined by the department after consultation with the resident, the resident family, primary physician, case manager, primary care giver and home operator.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Admitted as ARCH level of care; however, resident required considerable assistance with activities of daily living. No attempt made to have physician clarify or reevaluate resident's level of care.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_