

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rose Hwang's Care Home	CHAPTER 100.1
Address: 1755 Palamoi Street, Pearl City, Hawaii 96782	Inspection Date: March 17, 2021 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  
DOH-OLCA  
STATE LICENSING

21 APR 13 AM 10:30

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b> SCG #1 – Current annual physical unavailable for review. Submit a copy with plan of correction.</p> <div style="text-align: right;"> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>21 MAR 30 AM 129</p> </div>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, corrected the deficiency. 3/22/21</p> <p>Copy submitted!</p> <p>SCG #1 already had made doctor's appointment on 3/22/21 prior to Annual inspection &amp; schedule went on as planned.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b><u>FINDINGS</u></b> SCG #2 – Current annual TB clearance unavailable for review. Submit a copy with plan of correction.</p> <div style="text-align: right;"> <p>STATE OF HAWAII DOH-DOHA STATE LICENSING</p> <p>21 APR 13 AM 03</p> </div>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, corrected the deficiency.</p> <p>PCG requested Sub #2 to turn in her COVID-19 2nd vaccinated one &amp; right away, she turned in next working day.</p> <p>And TB clearance was in the binder already, PCG just thought only COVID-19 vaccinated one is needed.</p> <p>submitted <sup>the copy of</sup> Both TB clearance &amp; COVID-19 vaccine.</p>	<p>4/10/21</p>

PCG also ask sub #2 to turn in ASAP next year and on to prevent from future occurrence.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Timely reevaluation of medications by resident's physician not completed between 3/2020 and 9/19/2020 and between 9/19/2020 and 2/27/21.</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>21 MAR 30 AM 1:30</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Timely reevaluation of medications by resident's physician not completed between 3/2020 and 9/19/2020 and between 9/19/2020 and 2/27/21.</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> <p>To prevent from future reoccurrence, PCG developed a chart showing, resident's name, Annual PE, every 4 mo medication &amp; Diet, TB skin Test, Flu shot, Annual clothing &amp; Valuable, COVID-19 vaccine, and monthly progress notes and placed it on top of the filing cabinet to remind all caregivers &amp; PCG asked them to remind each other to prevent from future reoccurrence.</p>	4/12/21

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Copy Submitted.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8)            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:</p> <p>A current inventory of money and valuables.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Current inventory of personal valuables unavailable for review. Submit a copy with plan of correction.</p> <div style="text-align: right;"> <p>STATE OF HAWAII              DOH-OHCA              STATE LICENSING</p> <p>21 APR 13 AM 10:03</p> </div>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, Corrected the deficiency.</p> <p>PCG did the current inventory of resident's valuable &amp; clothing highaway after the annual inspection was done.</p> <p>And copy of the current personal belongings and Valuables submitted.</p>	<p>4/10/21</p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Monthly progress notes unavailable for the following months: 6/2020, 8/2020, and 1/2021</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Monthly progress notes unavailable for the following months: 6/2020, 8/2020, and 1/2021</p> <p>PCG newly devised another Monthly Progress Notes for specific residents each month.</p> <p>Copy Submitted!</p> <p>on 4/12/21</p> <p>STATE OF HAWAII DOH-0HCA STATE LICENSING</p> <p>21 APR 13 AM 03</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> <p>PCG devised a chart showing:</p> <ol style="list-style-type: none"> <li>1. Resident's Name</li> <li>2. Annual Physical Examination</li> <li>3. Every 4 mo Medications &amp; Diet</li> <li>4. TB Skin Test</li> <li>5. Flu Shot</li> <li>6. Annual Clothing &amp; Valuable</li> <li>7. COVID-19 Vaccine</li> <li>8. Monthly Progress Notes</li> </ol> <p>to remind PCG &amp; all subcaregivers to remind each other so same incident won't happen</p>	<p>4/10/21</p>



DBA; Rose's Care Home Inc.  
Rose Hwang's ARCH  
1755 Palamoi Street  
Pearl City, Hawaii 96782

Year: \_\_\_\_\_ Monthly Progress Notes

	Resident #1	Resident #2	Resident #3	Resident #4
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

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21 APR 13 AM 1:04

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (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:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><b>FINDINGS</b>  Documentation of monthly fire drill conducted for the month of November 2020 unavailable for review</p> <p>STATE OF HAWAII  DOH-OHCA  STATE LICENSING</p> <p>21 MAR 30 AM 1:30</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (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:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><b><u>FINDINGS</u></b> Documentation of monthly fire drill conducted for the month of November 2020 unavailable for review</p> <p>STATE OF HAWAII DOH - OCHA STATE LICENSING</p> <p>Copy Submitted. APR 13 2021</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent from future recurrence, PCG noted in <u>Google Calendar</u> to remind monthly fire drill. 4/10/21</p> <p>Also devised a chart showing Monthly Fire Drill &amp; Weight &amp; placed it on top of table where is visible to remind all caregivers so the same incident don't happen again. 4/12/21</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 11-. 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><b>FINDINGS</b>  Resident #1 – Care plan unavailable for expanded ARCH resident. Submit a copy with plan of correction.</p> <p>STATE OF HAWAII  DOH-ORCA  STATE LICENSING</p> <p>21 MAR 30 AM 12:30</p>	<p>PART 1</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> <p>could not corrected !  Resident 1 was in the hospital when annual inspection was done and she came back to care home on 3/19/21 as a hospice care. And deceased on 3/22/21. Everything happened so fast and could not correct the deficiency.</p>	<p>3/24/21</p>

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<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 11-. 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><b><u>FINDINGS</u></b> Resident #1 – Care plan unavailable for expanded ARCH resident. Submit a copy with plan of correction.</p> <p>STATE OF HAWAII DOH-0HCA STATE LICENSING</p> <p>21 APR 13 AM 10:04</p>	<p>PART 2</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> <p>PCG devised the Expanded ARCH check list and placed on top of the filing cabinet where it is visible area to remind every day to prevent future reoccurrence.</p> <p>Copy Submitted!</p>	<p>4/12/21</p>



## Expanded ARCH Check List

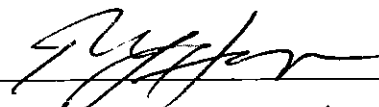
- ☐ Provide Case Manager within 48 hrs. by the Operator together with resident's family or Surrogate.
- ☐ The Case Manager shall develop a care plan that meets the best of each resident's specific needs within 7 days of admission based on; medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, and rehabilitative needs.
- ☐ Names of the caregivers who will provide or perform services to expanded ARCH resident for 24/7 days care will be given to case manager and family members or surrogate.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><b><u>FINDINGS</u></b> Resident #1 – Case management services not being provided for expanded ARCH resident</p> <p style="text-align: right;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p> <p style="text-align: right;">21 APR 13 AM 10:4</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, corrected the deficiency.</p> <p>Case manager will be provided within 48 hours of admission of expanded ARCH resident.</p>	<p>4/12/21</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><u>FINDINGS</u> Resident #1 – Case management services not being provided for expanded ARCH resident</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>21 APR 13 AM 10:04</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> <p>To prevent from future reoccurrence, PCG devised a check list for Expanded ARCH resident and placed the check list on top of the filing cabinet as a reminder. 4/12/21</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)  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:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty-eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b>FINDINGS</b>  Resident #1 – An interim care plan was not developed within 48 hours of change in level of care to an expanded ARCH resident; nor was a care plan developed within 7 days.</p> <p>STATE OF HAWAII  DEPARTMENT OF HEALTH  DIVISION OF LICENSING  21 APR 13 AM 10:40</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> <p>Yes, corrected the deficiency.</p> <p>PCG will provide specific care plan for each resident's needs through case manager.</p> <p>PCG will notify family members or surrogate of all caregivers name who will provide service 24/7 days care so they don't worry.</p> <p>PCG's focus will be well-being of Expanded ARCH residents &amp; their needs must be met.</p>	4/12/21

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Licensee's/Administrator's Signature: 

Print Name: Rose Lee Hwang

Date: 4/12/21

STATE OF HAWAII  
DOH-OHCA  
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21 APR 13 AM 10:04