

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: MSI ARCH/Expanded ARCH	CHAPTER 100.1
Address: 99-603 Alia Place, Aiea, Hawaii 96701	Inspection Date: May 19, 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-OMCA
STATE LICENSING

21 JUN -1 AM 13

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (a)(4) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH;</p> <p><u>FINDINGS</u> Current license not posted. License expiring on 8/31/20 posted for review.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right;">21 JUN -1 AM 1:33</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;"><i>PCG posted the current license. See attach (A)</i></p>	<p style="text-align: center;"><i>5/19/21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u> (a)(4) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH;</p> <p><u>FINDINGS</u> Current license not posted. License expiring on 8/31/20 posted for review.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To prevent this deficiency from recurring in the future, upon receiving new annual license, PCG will post in a conspicuous place visible to the public on the premises of MST Arch/E-Arch. Develop a checklist audit tool for reminder. See attach (A)</i></p>	<p>5/19/21</p>

STATE OF HAWAII
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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> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> Substitute Caregiver #1 - Primary caregiver training unavailable for review. Submit a copy with plan of correction.</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>21 JUN -1 AM 11:33</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #1 has successfully completed all the course requirements for Nurse Aide Training program. When SCG #1 became of my substitute caregiver, nurse supervisor trained SCG #1 in medication administration.</p> <p>The medication administration training were inside the other patients chart, but I discovered after the audit that the medication administration training were filled in the wrong tab. See attach (B)</p>	<p>5/23/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> Substitute Caregiver #1 – Primary caregiver training unavailable for review. Submit a copy with plan of correction.</p> <div style="text-align: right; transform: rotate(180deg);"> STATE OF HAWAII DOH-ONCA STATE LICENSING </div> <div style="text-align: right; transform: rotate(180deg);"> 21 JUN -1 AM 1:33 </div>	<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><i>To prevent this deficiency from recurring in the future, PCG has instituted the following procedures.</i></p> <ol style="list-style-type: none"> ① Develop a checklist audit tool ② perform the audit for new SCG training and place in proper folder available for review <p><i>See attach (B)</i></p>	<p>5/23/21</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 – Medication not reviewed timely (every 4 months) by physician between 6/9/2020 and 12/17/2020.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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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><u>FINDINGS</u> Resident #1 – Medication not reviewed timely (every 4 months) by physician between 6/9/2020 and 12/17/2020.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To prevent this deficiency from recurring in the future, PCGP have instituted the following procedure:</i></p> <ol style="list-style-type: none"> ① Develop a check list audit tool ② perform the audit tool every 3 to 4 months for all medication as ordered by PCP or APRN. <p><i>See attach (c)</i></p>	<p>5/20/21</p>

STATE OF HAWAII
DOH-ONCA
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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> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS Resident #1 – Incident report for swelling of the left foot on 1/23/2021 unavailable for review</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

STATE OF HAWAII
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21 JUN -1 AM 11:33

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 – Incident report for swelling of the left foot on 1/23/2021 unavailable for review</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To prevent this deficiency from recurring in the future, an incident report of any bodily injury or other unusual circumstances, a report form will be made and retained under separate cover and will be made available for review. Develop a checklist audit tool for reminder. See attach (D)</i></p>	<p>5/20/21</p>

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions</p> <p>FINDINGS Resident #1 – Current inventory of resident's possessions unavailable for review.</p> <p>STATE OF HAWAII DOH-0HCA STATE LICENSING</p> <p>21 JUN -1 AM 11:34</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PCG updated resident #1 inventory see attach (E)</i></p>	<p>5/24/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions</p> <p><u>FINDINGS</u> Resident #1 – Current inventory of resident's possessions unavailable for review.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To prevent this deficiency from recurring in the future, PCG have instituted the following procedure:</i></p> <p><i>① Develop a checklist audit tool and will perform the audit log every year. See attach (E) for reminder</i></p>	<p>5/14/21</p>

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

21 JUN -1 AM 34

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p>FINDINGS Hot water between 100-120°F unavailable</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>21 JUN -1 AM 34</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>At the time of inspection all residents had showers. When nurse consultant checked the sink faucet and found no hot water available. PCG checked the water heater circuit breaker panel in the garage and it was on. Hot water ran out. PCG explained to the nurse consultant it will take about 10 to 20 minutes to have available hot water. After 20 minutes PCG checked the sink faucet hot water and had available hot water. PCG notified the nurse consultant. On 5/20/21 at 4:30pm PCG contacted the person who installed the water heater tank to check it. On 5/21/21 @ 11:35 am the person came to check and install water heater new parts. After installation it was operating in good condition. See attach (F)</i></p>	<p>5/22/21</p>

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STATE OF HAWAII
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21 JUN -1 AM 11:34

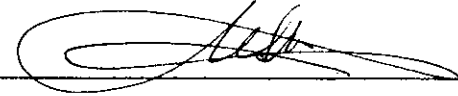
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p>FINDINGS Plastic pillow covers or resident's initials unavailable on residents' pillows</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>During the inspection nurse consultant checked resident's pillow and found no plastic pillow cover or resident's initials unavailable on resident's pillow. After the inspection I informed SCG regarding the pillow cover. SCG showed me every resident's pillow and I learned that pillows had four pillow covers. first cover was cloth, second was cloth with zipper, 3rd cover was vinyl with zipper, and 4th cover was plastic. I put resident's initials on resident's pillows.</i> <i>See attach (G)</i></p>	<p>5/19/21</p>

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Licensee's/Administrator's Signature: _____



Print Name: MARCELLO IBERA

Date: 6/1/2021

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 JUN -1 AM 34