

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ramos, Arsenia (ARCH)	CHAPTER 100.1
Address: 4028 Salt Lake Boulevard, Honolulu, Hawaii 96818	Inspection Date: March 2, 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-ORCA
STATE LICENSING

21
MAR-8 13:35

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All in-service training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> SCG #1 – Documented completion of six (6) hours of annual training unavailable for review</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 style="text-align: right; font-size: small;">STATE OF HAWAII DON-ONEA STATE LICENSING</p>	<p style="text-align: center;">21 NR-8 P.3-35</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All Inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> SCG #1 – Documented completion of six (6) hours of annual training 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>IN THE FUTURE, ALL PRIMARY AND SUBSTITUTE CARE GIVER WILL ATTEND TRAININGS - SESSIONS YEARLY FOR SIX HOURS OR MORE ON A VARIETY OF AREAS AND DOCUMENTED. CHO WILL ENSURE TO HAVE ALL PRIMARY AND SUBSTITUTE CARE GIVERS COMPLETE 6 HOURS OR MORE OF TRAINING SESSIONS EVERY YEAR, DOCUMENTED, AND PROPERLY FILED CURRENT IN FOLDER. A REMINDER LIST WILL BE IN MY CALENDAR AND IN MY CARE HOME ADMINISTRATIVE BOOK.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p>03/02/2021</p> <p style="text-align: right;">ZI NR-8 P355</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS Medications stored unsecured in an unlocked kitchen cabinet</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>YES, THE DEFICIENCY WAS CORRECTED ON 03/02/2021. CHD ADMINISTERED MEDICATIONS AND PLACED MEDICATIONS IN THE MEDICATION CABINET, SECURELY LOCK. CHD WILL LOCK AND UNLOCK MEDICATION CABINET AFTER ADMINISTERING MEDICATION TO RESIDENT ACCORDINGLY.</p>	<p>03/02/2021</p> <p style="text-align: right;">21 MAR -8 P3:35</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOR-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS Medications stored unsecured in an unlocked kitchen cabinet</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>TO ENSURE THAT IT DOESN'T HAPPEN AGAIN, IN THE FUTURE, CHD WILL MAKE SURE THAT ALL RESIDENT'S MEDICATION ARE PROPERLY LABELLED, STORED UNDER PROPER CONDITIONS & KEPT IN A SECURED, ORDERLY LOCKED CABINET.</p> <p>CHD WILL UNLOCK AND SECURELY LOCK MEDICATION CABINET AFTER ADMINISTERING MEDICATION TO RESIDENT. DOCUMENTATION SHALL BE IN COMPLIANCE WITH THE ARCH POLICY AND INCLUDE MEDICATION, DOSE, FREQUENCY, ROUTE, DATE AND TIME.</p> <p>A REMINDER LIST WILL BE ON MY CALENDAR AND IN MY CARE HOME ADMINISTRATIVE BOOK</p>	<p>03/02/2021</p> <p style="text-align: right;">21 MAR -8 P3:35</p>

STATE OF HAWAII
 DOH-ONCA
 STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drill was not performed timely between 5/23/20 and 11/28/20</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>	<p>21 NNR-8 P335</p> <p>STATE OF MARYLAND DOH-OMCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p>FINDINGS Fire drill was not performed timely between 5/23/20 and 11/28/20</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>TO ENSURE THAT IT DOESN'T HAPPEN AGAIN, CHD WILL PROVIDE TRAINING FOR RESIDENTS AND PERSONNEL FOUR TIMES A YEAR AND RECORD THE DRILLS WITH DATE, TIME, PARTICIPANTS, LENGTH OF EVACUATION AND DESCRIPTION OF DRILL.</p> <p>CHD WILL DOCUMENT AFTER EACH DRILL AND FILE ACCORDINGLY. FIRE DRILL PROCEDURES & RESULTS WILL BE PROVIDED TO FIRE INSPECTOR UPON REQUEST.</p> <p>A REMINDER LIST WILL BE ON MY CALENDAR AND IN MY CARE HOME ADMINISTRATIVE PARK.</p>	<p>03/02/21</p> <p style="text-align: right;">21 MAR -8 P3:35</p>

STATE OF HAWAII
DHF-DHCA
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Licensee's/Administrator's Signature: Arsenia M. Rams

Print Name: ARSENIA M. RAMS

Date: MARCH 6, 2021

STATE OF HAWAII
DOR-ORCA
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21 MAR -8 P3:55