

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: ACTG ARCH #2</b>	<b>CHAPTER 100.1</b>
<b>Address:</b> 1447 Uila Street, Honolulu, Hawaii 96818	<b>Inspection Date: March 18, 2021 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.**

JUN -9 A9 :42  
 STATE OF HAWAII  
 DOH-CHCA  
 STATE LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-2 <u>Definitions.</u> As used in this chapter: "Licensed capacity" means the number of residents and the type of residents permitted by the director, pursuant to these rules and chapter 321, HRS, in a particular ARCH or expanded ARCH, and so stated on the particular ARCH's or expanded ARCH's license.  <u>FINDINGS</u> ARCH is licensed for four (4) expanded ARCH residents. Currently five (5) expanded ARCH residents in home.	<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>We sent waiver to OPCA to request for approval and waiting for response. If request is denied, we will discharge <sup>the</sup> <del>the</del> <sup>expanded</sup> resident to be in compliance.</i></p>	<p style="text-align: center;"><i>6/09/2021</i></p> <p style="text-align: center;">STATE OF HAWAII DOH-OPCA STATE LICENSING</p> <p style="text-align: center;">21 JUN -9 A9 21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-2 Definitions. As used in this chapter: "Licensed capacity" means the number of residents and the type of residents permitted by the director, pursuant to these rules and chapter 321, HRS, in a particular ARCH or expanded ARCH, and so stated on the particular ARCH's or expanded ARCH's license.</p> <p><b>FINDINGS</b>  ARCH is licensed for four (4) expanded ARCH residents. Currently five (5) expanded ARCH residents in home.</p>	<p style="text-align: center;">PART 2  <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;"><i>We will create a list of residents with their level of care and put it on the front of our care home binder. We <del>will</del> <sup>As</sup> will update this list as needed and refer to it before any admissions to ensure we remain within our licensed capacity.</i></p> <p style="text-align: right;">STATE OF HAWAII  DON-ONCA  STATE LICENSING</p>	<p style="text-align: center;">6/09/2021</p> <p style="text-align: center;">21 JUN -9 A9:41</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHS licensed to provide special diets may admit residents requiring such diets. <b>FINDINGS</b> Resident #1: No special diet menu available for chopped diet, no added salt, low fat, low cholesterol diet ordered 1/29/21.	<p style="text-align: center;">PART 1</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 style="text-align: center;"><i>Menu for special diet was created and developed by dietitian.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-OMCA STATE LICENSING</p>	<p style="text-align: center;">5-27-21</p> <p style="text-align: right;">21 JUN -9 A9:41</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHS licensed to provide special diets may admit residents requiring such diets.  <b>FINDINGS</b> Resident #1: No special diet menu available for chopped diet, no added salt, low fat, low cholesterol diet ordered 1/29/21.	<p style="text-align: center;">PART 2 <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;"><i>SCG <sup>Sonia</sup> will be in charge to check &amp; develop special diet menu and work with dietitian as needed or when new diet is ordered by AD. Sonia will be checking orders quarterly beyond someone will double check it after.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: center;">6/09/2021</p> <p style="text-align: right;">21 JUN -9 A9 :42</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-13 <u>Nutrition.</u> (1)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b>FINDINGS</b>  Resident #2: No special diet menu available for diabetic diet ordered on 6/25/20.</p>	<p style="text-align: center;">PART 1</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 style="text-align: center;"><i>Special diet menu was created &amp; developed by dietitian.</i></p> <p style="text-align: right;">STATE OF HAWAII  DOM-0HCA  STATE LICENSING</p>	<p style="text-align: center;"><i>5/27/2021</i></p> <p style="text-align: center;">21 JUN -9 A9 :42</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.  <b>FINDINGS</b> Resident #2: No special diet menu available for diabetic diet ordered on 6/25/20.	<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;"><i>SCG will check and/or develop special diet menu as needed, or whenever a new diet is ordered by PCP. Sonia will be checking orders quarterly and someone will double check it after.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: center;"><i>6/9/2021</i></p> <p style="text-align: center;">21 JUN -9 A9:42</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  <b>FINDINGS</b> Resident #2 - Visit Summary dated 8/5/20 notes, "Melatonin (MELATIN) (Discontinued) 3mg Oral Tab take 1 tablet by mouth daily at bedtime for insomnia", however, medication remains on medication administration record (MAR) and is being initialed as given.	<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 style="text-align: center;"><i>Discontinued medication as of 3/18/2021</i></p>	<p style="text-align: center;">3-20-21</p> <p style="text-align: right;"><i>T. Williams</i></p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>CHD + SES will check and double check per orders after visits and do a quarterly medication re-eval evaluation to make sure NRE is updated.</i></p>	<p style="text-align: center;">6/09/2021</p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1)            General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b>FINDINGS</b>            Resident #2: white out used on admission assessment form and self-preservation statement both dated 6/15/19.</p>	<p><b>PART 1</b></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"/> §11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:  All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;  <u>FINDINGS</u> Resident #2: white out used on admission assessment form and self-preservation statement both dated 6/15/19.	<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>pls and for SCG will review all forms to make sure that there's no white-out upon admission i will schedule a quarterly check of forms to make sure any corrections done is not with white out and will post on all binder " NO WHITE OUT ALLOWED "</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: center;">6/9/2021</p> <p style="text-align: right;">21 JUN -9 A9:42</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports: (f)(4) General Rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. <b>FINDINGS</b> Resident #1 & Resident #2 – Medications listed on emergency information sheet is outdated.	<p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><i>Corrected Resident #1 of Resident #2 Emergency Information.</i></p> <p style="text-align: center;"><i>See attached papers.</i></p>	<p style="text-align: center;"><i>3-20-21</i></p> <p style="text-align: right;"><i>Gallegos</i></p>

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☒	<p>§11-100.1-17 Records and reports: (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b>FINDINGS</b> Resident #1 &amp; Resident #2 – Medications listed on emergency information sheet is outdated.</p>	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></p> <p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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><i>In the future CTO, or CG will make sure that emergency information is changed to when resident's medication change. Both CTO &amp; CG will cross referenced work done,</i></p>	<p style="text-align: center;">3-20-21</p> <p style="text-align: right;"><i>Gallegos</i></p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-89 <u>Medications.</u> (1) In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:  Injectable medications shall be administered by a licensed nurse, unless physician orders permit an expanded ARCH resident to self-inject. The registered nurse case manager may delegate this task according to rules established by the Board of Nursing. The licensee or primary care giver shall maintain written policies and procedures outlining this responsibility;  <b>FINDINGS</b> Resident #2: Order of Insulin Lispro Humalog 100-U on sliding scale. Currently being administered by non-licensed care givers via syringe and needle.	<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>Requested &amp; received order to change the insulin pen instead of syringe and needle.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: center;"><i>6/9/2021</i></p> <p style="text-align: center;">21 JUN -9 A9 42</p>

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Licensee's/Administrator's Signature:

*T. Gallaga*

Print Name: TEOFISTA GALLAGOS

Date: 3-29-21

Licensee's/Administrator's Signature:

*T. Gallaga*

Print Name: TEOFISTA GALLAGA

Date: 6-9-2021