

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Felarca Care Home, LLC	CHAPTER 100.1
Address: 4679 Likini Street, Honolulu, Hawaii, 96818	Inspection Date: July 14, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE WITHOUT YOUR RESPONSE.

STATE OF HAWAII
LICENSING DIVISION
STATE LICENSING

21 JUL 17 3:16

	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><u>FINDINGS</u> Substitute care giver #4: No documented evidence of annual physical examination.</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>SCG (substitute caregiver) #4 was seen by a provider of their choosing after annual inspection by OCHA (Office of Health Care Assurance) to comply with rule 11-100.1-9.</p>	<p>7/30/2021</p> <p style="text-align: right;">21 OCT 11 12:00 PM '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> (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><u>FINDINGS</u> Substitute care giver #4: No documented evidence of annual physical examination.</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>SCG (substitute caregiver) #4 was seen by a provider of their choosing after annual inspection by OCHA (Office of Health Care Assurance). All staff shall have their medical status reviewed quarterly by both CHO (care home operator) and PCG (primary caregiver). These important dates will be marked in both digital and hard copy calendar for all necessary appointment dates regarding staffing medical clearances. Failure to comply will be dealt with until substitute caregivers does comply with OCHA requirements and caregiver will not be permitted to conduct any further patient care or report to ARCH until compliant with OCHA rules 11-100.1-9.</p>	<p>7/30/2021</p> <p style="text-align: right;">21 001 -7 P 3:16</p>

STATE OF HAWAII
 OCH-OCHA
 STATE INTERFACING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident #2: No documented evidence of current level of care.</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>Upon completion of ARCH annual inspection, provider of resident was contacted and necessary documentation was obtained. Due to residents current status, forms were first completed by CHO and nurse case manager and completed form was then submitted to provider for review and approval.</p>	<p>7/30/2021</p> <p style="text-align: right;">21 OCT -7 P 3:16</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII OFFICE OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #2: No documented evidence of current level of care.</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 CHO and PCG with case management, if available to resident, will conduct a quarterly review of all residents, either ARCH or E-ARCH level of care and maintain necessary compliance with documentation of all residents level of care. These documents will be updated bi-annually and signed by provider. These events will thus be labeled on both hard copy calendars and digital calendars, so that CHO and PCG can remain compliant.</p>	<p style="text-align: center;">7/30/21</p> <p style="text-align: right; vertical-align: bottom;"> STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING 21 OCT -7 P 3:16 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS Resident #1: Unlabeled over the counter Melatonin in medication 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>Resident's PCP (primary care provider) was notified of the medication discrepancy and MAR (medication administration record) has been reviewed and verified of the use of melatonin.</p>	<p>8/09/2021</p> <p style="text-align: right;">21 OCT -7 P 3:16</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DON OHKA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH-Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1. Unlabeled over the counter Melatonin in medication 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>In the future all medications including OTC's will have proper documentation by CHO and PCG prior to inclusion to residents ongoing medication regiment. This also will include OTC drug trials per providers recommendation. All future updates to residents medication lists will be reviewed by CHO and PCG upon any medication change orders and re-reviewed quarterly by CHO and PCG. Both digital and hard copy calendars will be properly marked and noted of medication changes for all residents.</p>	<p style="text-align: center;">08/09/2021</p> <p style="text-align: center;">21 OCT -7 P 3:16</p> <p style="text-align: center;">STATE OF HAWAII DOH-BHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS Resident #1: Order of Refresh tears lubricant eye drops, medication not available.</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>In the future, all OTC medication will be filled as ordered by provider at local pharmacy and reflects current script by PCP. Medications provided by the family not meeting or compliant with physician orders or direction will be returned to family and an as ordered fill will be made.</p> <p style="text-align: right;">STATE OF HAWAII DIR-DCIA STATE LICENSING</p>	<p>7/15/2021</p> <p style="text-align: right;">21 OCT -7 P 3:16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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> <p><u>FINDINGS</u> Resident #1: Order of Refresh tears lubricant eye drops, medication not available.</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>All prescription orders and OTC orders, purchased by ARCH (adult residential care home) or family members of resident will be reviewed to be accepted or rejected based on orders provided by provider of said resident. If prescription drug or OTC (over the counter) medication, does not match providers orders, ARCH will reject said drug and will purchase and/or inform providers office if there are obtaining problems by ARCH and seek an equivalent medication as instructed by provider.</p>	<p style="text-align: center;">07/15/2021</p> <p style="text-align: center;">21 OCT -7 P3:17</p> <p style="text-align: center;">STATE OF HAWAII OGH-ARCH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS Resident #1: Over the counter Melatonin not recorder in medication administration record for the last twelve (12) months.</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: center;">21 OCT -7 P 3:17</p> <p style="text-align: center;">STATE OF HAWAII DSH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1: Over the counter Melatonin not recorder in medication administration record for the last twelve (12) months.</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>All medications will be properly marked in the MAR including all prescription and OTC medications. Said medications will be peer reviewed by case management, if the resident is an expanded ARCH resident, during the month of the change order or at the next visit by case management provider. ARCH residents who also have medications added, changed or discontinued shall be reviewed by either CHO or PCG but not to exceed 3 (three) calander days to reflect changes . Medication change orders will be on but digital and hard copy calendars and residents records for quarterly reviews by CHO and PCG.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORISA STATE LICENSING</p>	<p>07/16/2021</p> <p style="text-align: right;">21 OCT -7 P 3:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission:</p> <p>FINDINGS Resident #2: Resident readmitted on 4/16/21, readmission assessment completed four days after</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;">21 OCT -7 P 3:17</p> <p style="text-align: right;">STATE OF HAWAII DOH - OI/OA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission:</p> <p>FINDINGS Resident #2: Resident readmitted on 4/16/21, readmission assessment completed four days after.</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 admissions will have said admission or re-admission paperwork's to be completed upon day of admission or as early as of 1 week prior to ARCH or E-ARCH admission. An internal packet relating to all future admissions have noted that all admissions will have said packet done on day of resident placement to 1 (one) week prior to admission or during patient assessment at residents current residence, example: home or long term care.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH-ARCHA STATE LICENSING</p>	<p style="text-align: center;">7/30/2021</p> <p style="text-align: center;">21 OCT -7 P 3:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment</u>, (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #2: No documented evidence of self-preservation certification by physician.</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>Contacted current provider about his current status at discharge from hospital date 4/16/2021 that a more current self-preservation statement needs to be filed. Filled necessary forms, reviewed with case management nurse and forwarded to provider for review and signature.</p> <p style="text-align: right;">STATE OF HAWAII 89th DEPT STATE LICENSING</p>	<p>7/30/2021</p> <p style="text-align: right;">21 OCT -7 P 3:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #2: No documented evidence of self-preservation certification by physician.</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 admissions and re-admissions will have said admission or re-admission paperwork's include a current self-preservation certification by a treating provider or their PCP. Resident will not be re-admitted back to ARCH facility until all necessary paperwork are completed and if resident is an E-ARCH level, re-admission paperwork will also be looked over by case management prior to resident admission/re-admission. Paperwork for admission or re-admission can be done one (1) week prior to discharge or day of discharge pending all paperwork is correct.</p>	<p style="text-align: center;">7/30/2021</p> <p style="text-align: right;">21 OCT -7 P3:17</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DOH/ARCHA STATE LICENSING</p>

Licensee's/Administrator's Signature:

Daniel V. Felarca

Print Name:

Daniel V Felarca

Date:

10/7/2021

STATE OF HAWAII
DGH-BHCA
STATE LICENSING

21 OCT -7 P3:17