

Office of Health Care Assurance

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Island Promise ARCH II	CHAPTER 100.1
Address: 1177 Kukila Street, Honolulu, Hawaii 96818	Inspection Date: April 22, 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.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (a) 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><u>FINDINGS</u> Resident #1 and Resident #3: Resident #1 admitted on 1/5/21, Resident #3 admitted on 1/6/21. License issued on 2/2/21; both residents admitted prior to E-ARCH licensure.</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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Island Promise Homes LLC
Dba Island Promise Adult Residential Care Home II
Contact: Anita Felipe, RN, BSN
Cell: 808-428-0990

STATEMENTS OF DEFICIENCIES/LICENSING/PLAN OF CORRECTION
April 22, 2021

11-100.1-3 Licensing (a)

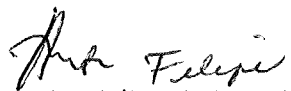
Part 1

On 12/15/2021 Susan came to the home and she verified that all non-compliant to ch.11-100.1 ARCH rules were corrected .

- 1) Bedrooms #3 and #4 screen were installed
- 2) Bedrooms # 1 and # 4 closet doors squeaky sounds were able to open easily without squeaky sounds
- 3) Dining room table measured 29 inches
- 4) Shed was locked
- 5) RD consultant was identified, Amy Tousman, RD, signed contract was forwarded to Susan Anderson.
- 6) Completed Homework for Nutrition Class was forwarded to Annette Jackson.

Part 2

The CHO has a folder with the policy and procedures of Adult Residential Care Home. The CHO will always refer to the admission policy tab on when to admit a resident to the home. CHO has to wait for the actual ARCH license to be sent to the home before any admission no matter how long is the wait. The CHO has highlighted the admission policy as a reminder before admitting a resident.


Anita Felipe, RN, BSN
7/25/2021

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<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><u>FINDINGS</u> Substitute care giver #1: No documented evidence of initial and annual tuberculosis clearance.</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>See attached</p>	<p>6/1/2021 Aimee Foley</p>

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April 22, 2021

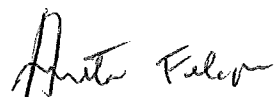
11-100.1-9 Personnel, staffing and family requirements (b)

Part 1

Substitute caregiver #1 had positive Tuberculin skin test given on 4/16/2010, she had her Chest X-ray on 4/19/2010 after the above PPD test was read on 4/19/2010. This staff last Negative TB test assessment and Symptom Screen from State of Hawaii DOH (Lanakila clinic) was on 9/20/20. On 9/21/2019 the above staff had TB Risk assessment and attestation screening from her PCP Dr. Albano
This CHO was able to get all the necessary documents to prove the above deficiency.

Part 2

This CHO made a check list of all the staff initial and annual physical and TB clearance requirements. The CHO checks these requirements weekly. All documents required for the initial and annual inspections by the DOH consultants are ready and updated just before the expiration dates of the above requirements. These requirements are stored in a folder dedicated for the ARCH personnel.



Anita Felipe, RN, BSN

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Three (3) Wheelchair residents in E-ARCH. Current license capacity only allows two (2) wheelchair residents.</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>Sec attached.</i></p>	<p>7/8/2021</p> <p><i>Anta Felipe</i></p>

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11-100.1-10 Admission Policies (d)

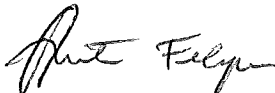
Part 1 (page 6)

The resident mentioned who was seen in a wheelchair during the ARCH inspection is now walking with a cane and sometimes walker. He stopped using the wheelchair. He had Physical Therapy rendered by BAYADA which started prior to his admission to the home on 4/19/2021 and continued weekly PT when he was admitted in the home. He was discharged from PT on 6/1/2021 since patient did well in his walking using his cane and walker. He only had a few PT sessions.

Part 2 (page 7)

Before admitting a resident to the home, clarify the level of care if ambulatory, wheelchair bound or bedbound. CHO will refer to the chapter 100.1 Adult Residential Care Home folder regarding admission policy according to the allowed capacity of wheelchair bound residents. This is also located on the ARCH license posted in the home. CHO will highlight the policy as a reminder when admitting a resident. CHO will make sure that the PCP will be fill the Physical assessment and self-preservation form correctly by showing to them the policy.

Staff training will be provided for the to assess ambulatory status


Anita Felipe, RN, BSN
7/8/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) 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><u>FINDINGS</u> Resident #2: No documented evidence that "Cardiac diet" is being provided as ordered 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 style="text-align: center;"><i>See attached</i></p>	<p><i>Auto Felip</i> <i>7/21/2021</i></p>

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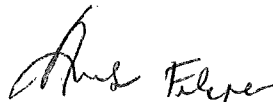
11-100.1-13 Nutrition (i)

Part 1

Resident's PCP Dr. Todd China changed the diet on 1/20/2021 from NAS to Regular Diet after the telehealth conference done with Dr. China, resident and with this CHO. This diet is now being provided as ordered.

Part 2

CHO always clarify with the PCP regarding resident's diet. CHO will always comply with the ordered diet. CHO will coordinate with the Registered Dietician for menu for special diet residents. Menus are posted on the wall in the dining area and in the kitchen area. All residents diet highlighted on the list to make sure that their diet is being followed and to remind the staff on the right diet for each resident. *Reminder will be posted to check the diet every visit*



Anita. Felipe, RN, BSN
7/25/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><u>FINDINGS</u> Water hose blocking fire exit walkway. Removed during inspection.</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><i>Ante Felix</i> 6/1/2021</p>

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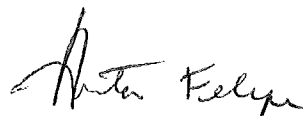
11-100.1-23. Physical Environment (g)(3)(A)

Part. 1

Water hose was removed from the ground and coiled and anchored on the side of the home after each use to prevent blocking the fire exit walkway.

Part 2

CHO and staff will check daily for any blockage on the fire exit walkways. Prevent anybody trips and fall by removing any blockage on the fire exit walkways. CHO posted a note on the wall above the faucet where the water hose attached to remind all users of the hose to coil after each use.



Anita Felipe, RN, BSN
6/1/2021

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11-100.1-23 Physical Environment (g)(3)(I)(i) Fire Prevention protection

Part 1

Resident is alert and oriented x3. He can follow directions, but he can't get out from his bed without any help from staff. He is wheelchair bound but he can wheel himself around. The Self-preservation form that was signed by his physician showed that he is not ambulatory but he can follow instruction from staff and doctors that comes to the home during home visit. The resident's new PCP made another Level of care evaluation on 4/12/21 the score showed that the resident is ARCH level.

Resident is not self preserving

Part 2

CHO has to make sure that the capacity allowed to the home is followed according to the license posted in the home.

Reminder will be inputted on the Bulletin Board to remind CHO for future admission or change of status for the residents self preserving status

Anita Felipe

Anita Felipe, RN, BSN
7/25/2021

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11-100.1-23 Physical Environment (g)(3)(l)(i) Fire Prevention protection

Part 1

The resident has been reevaluated with his new PCP on 7/9/2021. The resident can ambulate independently, sometimes he use his walker or a cane if he ambulates in a long distance. New self-preservation and physical evaluation were made and in putted in the resident's folder. *Resident is not now self preserving.*

Part 2

CHO must make sure that resident's physical evaluation and self- preservation will be reflected on the level of care of the residents' The CHO will make sure that the physical evaluation and self-preservation are always updated according to the level of care. The CHO will comply according to the license issued to the home. CHO will always check the Chapter 100.1 ARCH policy when admitting a resident to the home. *Reminder will be posted on the bulletin board for future admission and change of status of the resident for self-preservation*

Anita Felipe

Anita Felipe, RN, BSN
6/6/2021

	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><u>FINDINGS</u> No documented evidence that fire drills were conducted on February 2021 And March 2021.</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>Self see attached</i></p>	<p><i>Ante Feely</i> 6/5/2021</p>

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<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><u>FINDINGS</u> Resident #2: No documented evidence of interim case management care plan within forty-hours of admission.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center"><i>See attached</i></p>	<p><i>Auth Fely</i> <i>6/7/2021</i></p>

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Inspection: April 22, 2021

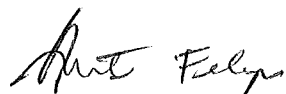
11-100.1-88. Case Management Qualifications and services (c) (2)

Part 1

This CHO notify the Case Manager regarding the missing assessment documents for the resident. She came and provided all the documents needed; this CHO placed all documents in the resident's folder. Resident refused to pay the case manager and he think that he is not benefitted by having a case manager. This CHO notified the resident's PCP who came and reevaluate the resident's Level of Care. The resident is no longer expanded, his new PCP changed his level of care since he can wheel himself while in his wheelchair and can follow verbal instructions and he was observed by the PCP that he can do a lot more for himself.

Part 2

Before admitting an expanded resident, the chosen case manager should be notified on the date the resident arrived in the home so that the case manager can scheduled herself to see the resident within 48 hours of admission. The CHO put a notice on the home bulletin to remind the CHO to call the Case manager on the day of admission.



Anita Felipe, RN, BSN

	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><u>FINDINGS</u> Resident #4: No documented evidence that case management services are being provided.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center"><i>See attached</i></p>	<p><i>Ante Kelly</i></p>

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	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><u>FINDINGS</u> Resident #4: No documented evidence that case management services are being provided.</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 style="text-align: center;"><i>See attached</i></p>	<p style="text-align: right;"><i>Ante Fely</i></p>

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Island Promise Homes LLC
Dba Island Promise Adult Residential Care Home
Contact: Anita Felipe, RN, BSN
Cell: 808-428-0990

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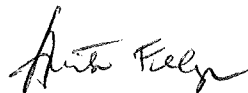
11-100.1-88 Case Management Qualifications and Services (c) (2)

Part 1

This CHO notified the Case Manager that the family approved and came to the home and provided all the necessary documents to satisfy the OCHA requirements. The case manager did her admission assessment and placed all documents she made in the resident's folder under the case manager tab.

Part 2

This CHO will notify the Case manager of the admission of a resident to give the case manager enough time to schedule herself for the admission assessment of the resident. This CHO will text or call the case manager. This CHO will also put a sticky note to the bulletin board in the home that is seen daily by the CHO and staff as a reminder to call the case manager.



Anita. Felipe, RN, BSN
6/7/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> No documented evidence of care giver training by case manager.</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>See attached</i></p>	<p><i>Ante Fdy</i> <i>7/25/2021</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> No documented evidence of care giver training by case manager.</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>See attached</i></p>	<p><i>File</i> 7/25/2021</p>

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Dba Island Promise Adult Residential Care Home
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Inspection: April 22, 2021

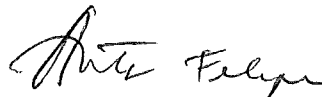
11-100.1-88 Case Management Qualifications and Services (c) (6)

Part 1

This CHO notified the Case Manager that the family approved and came to the home and provided all the necessary documents to satisfy the OCHA requirements. The case manager did her admission assessment and placed all documents she made in the resident's folder under the case manager tab. The case manager gave training to the staff on the care of the residents and all training documents were placed on the resident's folder.

Part 2

This CHO will make sure that the case manager will give training to the care home staff regarding the care of the resident. This CHO will put all the documents of the staff training to the CHO folder. The CHO will remind the case manager by texting or calling her to complete the Case manager documents and should be in putted in the resident's binder in a timely manner. This CHO will also put sticky note to the bulletin board which is daily seen by the CHO and staff to remind the case manager about completing the case manager documents and training to staff.



Anita Felipe, RN, BSN
7/25/2021

Licensee's/Administrator's Signature: Anita Felipe
Print Name: Anita Felipe
Date: 12/1/2021

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