

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aina Haina ARCH	CHAPTER 100.1
Address: 237 East Hind Drive, Honolulu, Hawaii 96821	Inspection Date: January 4, 2022 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
DEPARTMENT OF CORRECTIONS
STATE OF HAWAII

22 MAR -3 P4:12

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(4) 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: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; <u>FINDINGS</u> Resident #1 – Tuberculosis clearance not signed by a physician or APRN.	<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, I have corrected this deficiency. I had the doctor sign the TB administration record on 01/11/2022.</p>	<p style="text-align: center;">01/11/2022</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(4) 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: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; FINDINGS Resident #1 – Tuberculosis clearance not signed by a physician or APRN.	<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 have created a checklist that I review and check off on the last day of each month. It serves as a reminder to keep my records up to date. My substitute caregiver reviews my records each evening and reviews this checklist in the last evening of each month.</p>	<p style="text-align: center;">02/28/2022</p> <p style="text-align: center;">22 MAR -3 P4:12</p> <p style="text-align: center;">STATE OF MARYLAND BOARD OF PROFESSIONAL STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION PART I	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> (g)(3)(1)(i) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: 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: For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident; FINDINGS Two (2) non-self preserving residents in facility; however, during annual inspection, only one (1) care giver was present.	<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>Yes, I hired another caregiver. Her name is Miaoling Azeka. When my main caregiver Dian is unavailable to help me, Miaoling works in my home. This ensures that I have 2 caregivers at all times.</i></p>	<p style="text-align: center;"><i>02/28/2022</i></p> <p style="text-align: center;">STATE OF PENNSYLVANIA DEPARTMENT OF STATE LICENSING MAR -3 P4:12 '22</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(1)(i) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: 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: For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident; FINDINGS Two (2) non-self preserving residents in facility; however, during annual inspection, only one (1) care giver was present.	<p style="text-align: center;">PLAN OF CORRECTION</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>I have hired another substitute caregiver. I now have a full time substitute caregiver and I alternate who works when my full time caregiver needs to leave the care home. By having this additional caregiver for my home, I now always have 2 caregivers present at all times.</p>	<p style="text-align: right;">6/28/2022</p> <p style="text-align: right;">22 MAR -3 P4:2</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-84 Admission requirements. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and influenza as recommended by the ACP; and a written care plan addressing resident problems and needs. FINDINGS Resident #1 – No documented evidence of pneumococcal vaccine.	<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>I have corrected this deficiency on 01/11/2022. The Pneumococcal vaccine was administered and signed off by RN.</i></p>	<p style="text-align: center;"><i>01/11/2022</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-84 <u>Admission requirements</u> , (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs. <u>FINDINGS</u> Resident #1 – No documented evidence of pneumococcal vaccine.	<p style="text-align: center;">PLAN OF CORRECTION</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>I will review my new admission checklist along with new client admission documents prior to accepting the resident into my home. Once all items on the checklist have been received/ completed, then I can schedule the client to be admitted to my home. My substitute caregiver will review this checklist and admission documents as well, prior to admitting a new resident.</p>	<p style="text-align: center;">02/28/2022</p> <p style="text-align: center;">22 MAR -3 P4:13</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-84 Admission requirements. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and influenza as recommended by the ACP; and a written care plan addressing resident problems and needs. FINDINGS Resident #1 – No documented evidence of pneumococcal vaccine.	<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>Going forward, I will make sure each new resident has a completed pneumococcal vaccine prior to admission. This is now included on my admission check list.</i></p> <div style="text-align: right; font-size: small;"> STATE OF HAWAII DEPARTMENT OF STATE LICENSING </div>	<p style="text-align: center;"><i>1/11/2022</i></p> <p style="text-align: center;"><i>01/11/2022</i></p> <p style="text-align: center;"><i>22 JAN 18 P4:00</i></p>

Licensee's/Administrator's Signature:

Lan Chen

Print Name:

LAN CHEN

Date:

01/11/2022

Licensee's/Administrator's Signature:

Lan Chen

Print Name:

LAN CHEN

Date:

02/28/2022