STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

State Licensing Section
Office of Health Care Assurance

94-362 A powale Street, Waipahu, Hawaii 96797

Facility Name: Amelien Kavai (ARCH)

Inspection Date: January 7, 2022 Annual

Chapter 100.1
<table>
<thead>
<tr>
<th>Date of Follow-Up</th>
<th>Follow-Up by Physician</th>
<th>Corrected the Deficiency</th>
<th>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</th>
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<td>2-18-2023</td>
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**PART I**

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<tr>
<th>Completion</th>
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**RULES (CRITERIA)**

- Resident #1 - NO initial 2-step tuberculin skin test.
- Evidence of an initial and annual tuberculin skin test.
- All residents in the Type 1 ARCH shall have documented evidence of a positive skin test or provide a date of services for a positive skin test.
- [ ] S11-1001.1-9 Personal, Social and Family Requirements.
STATE OF HAWAII
COUNTY OF HONOLULU

Address:

I wish we were in the address.

The address in our area.

And a whole other area.

And I went fishing again.

Not the address by the fishing

The clinic to make some

documents before we come.

Res. 

If it doesn't happen again?

PLAN: WHAT WILL YOU DO TO ENSURE THAT

FUTURE PLAN

PART 2

Completion

PLAN OF CORRECTION

RULES (CRITERIA)

FINDINGS

Resident #1 - No initial 2-step tuberculosis clearance.

EVIDENCE OF IN INITIAL AND ANNUAL TUBERCULOSIS CLEARANCE

All individuals who either reside or provide care or services

811-100-19 License, compliance and facility requirements.

Policy document and facility requirements.
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<th>RULES (CRITERIA)</th>
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<tr>
<td><strong>EVIDENCE</strong></td>
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<tr>
<td>1.11-100.1.9. Personal, spiritual and family requirements.</td>
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<tr>
<td>1.11-100.1.2. No current annual tuberculosis clearance.</td>
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<tr>
<td>1.11-100.1.8. Evidence of an initial and annual tuberculosis clearance.</td>
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<tr>
<td>1.11-100.1.7. All individuals who either reside or provide care of services to residents in the Type I ARCH shall have documented to reside in the Type I ARCH.</td>
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<tr>
<td>1.11-100.1.6. The facility's written policies and procedures must include the following:</td>
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<td>1.11-100.1.5. The facility's written policies and procedures must include the following:</td>
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<td>1.11-100.1.4. The facility's written policies and procedures must include the following:</td>
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**PART I**

**DID YOU CORRECT THE DEFICIENCY?**

**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY.**

22 Mar-3 P12:32

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**FINDINGS**

- No current annual tuberculosis clearance.
- Evidence of an initial and annual tuberculosis clearance.
- All individuals who either reside or provide care of services to residents in the Type I ARCH shall have documented to reside in the Type I ARCH.
Calender.
5 will make it in time and I will make it sure that I
will do it on time and I
my respects on a day in May
arrived in advance. Also
there is not yet till I'm done
the same fast and fast.
and will remind us.

IF DOESN'T HAPPEN AGAIN?
PLAN: WHAT WILL YOU DO TO ENSURE THAT
USE THIS SPACE TO EXPLAIN YOUR FUTURE

FUTURE PLAN

PART 2

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RULES (CRITERIA):

1. 11-100.1-19 Personal, living and family requirements.
2. No current annual tuberculosis clearance.
3. Primary care (PCG), Substitute Care (SCG) #1
4. Evidence of an initial and annual tuberculosis clearance.
5. All individuals who either reside or provide care or services to residents in the Type 1 ARCH shall have documented

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Date
Completion
Plan of Correction
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CORRECTED THE DEFICIENCY
USE THIS SPACE TO TELL US HOW YOU
DID YOU CORRECT THE DEFICIENCY?

FINDINGS

All records shall be complete, accurate, current, and readily available for review by the department or responsible agency.

Resident #1 - Resident #1’s height was recorded as 4 ft 6 in.

Central line for resident #101/01/2021 was recorded as 46 inches.
| Date | Completion of the month already
The record on the next week dashboard check
If doesn't happen again?
Plan: What will you do to ensure that
Use this space to explain your future plan |
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<td>RULES (CRITERIA)</td>
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Findings
Resident #1 – Resident #1's health was recorded at 41 gm placement
appropriate for review by the department or responsible
All records shall be complete, accurate, current, and readily

General rules regarding records:
§11-100.1-17 Records and reports (f)(4)
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**CORRECTED THE DEFICIENCY**

**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY:**

*1/11/2022*

**APRN:**

The primary and subsisting care giver shall provide health care within the realm of the primary or subsisting care giver's competence.

**FINDINGS:**

Discontinued glucose check was given on 1/10/2021. Rescued by PEG, physician's verbal order to discontinue glucose check was given on 1/10/2021.

**Rescued by:**

IAN E. Guerre, M.D.

P: 808-396-2274
F: 808-678-2894
94-141 Puuanani Street
Hilo, HI 96727-2510
INTERNAL MEDICINE

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**FUTURE PLAN**

**PART 2**

**IT DOESN'T HAPPEN AGAIN!**

Plan: What will you do to ensure that this doesn't happen again?

Use this space to explain your future plan.

In my coordinator checklist: 3-22-2022, I set a physician consult with a note.

Physician's written order was not obtained. The discontinuance of the Glucose check was given on 12/10/2021.

Resident # 1 - Per PCP, physician's verbal order to discharge the resident was prescribed by a physician or APRN.

EVIDENCE

File your ephesians for the resident as prescribed by a physician within the realm of the primary or substitute care. The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver within the realm of the primary or substitute care giver.
Plan is required. this deficiency, only a future practical/appropriate. For after-the-fact is not Correcting the deficiency

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was made on 12/10/2021.

"Follow up 3 months" following physician’s office visit. Resident #1 - Physician’s notes dated 6/17/2021 stated.

FINDINGS

APRN, capable of being prescribed by a physician or care within the realm of the primary or subsisting care function. The primary and subsisting care offer shall provide health.
| Date: 2-32-2022 |
|-----------------
| State of Hawai‘i DuH-OHA State Licensing |
| Part 2 Future Plan |
| **Find the visit:** make an appointment in the physician office & wait 20 min to see the physician. **If it doesn't happen again?** Use this space to explain your future plan. |

**Finding:**

- Was made on 12/1/2021.
- Follow up 3 months.
- Physician's office visit.

- Physician always follows the resident's instructions.
- Physician takes the resident to the primary care clinic.
- Physician provides health care within the reach of the primary care clinic.

- Rule 110-100.1-20: Resident Health Care Standards (a).
### Plan is Required.
This deficiency, only a future practical/appropriate. For after-the-fact is not corrective the deficiency.

### PART 1

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Findings:
Inspection of department upon request:
- The drill procedure and results shall be submitted to the fire safety enforcement officer.
- A copy of the safety enforcement officer's report shall be provided to the employee.

Drill by the employee shall be held on a 24-hour quarterly basis.

A drill shall be held to provide training for employees and the employee shall be in compliance with the above limitations.

Type 1 ACRCH shall be in compliance with the above limitations.

511-100.1-23 Physical Environment (E)(3)(D)
I write 1/1 in the
August 28-8 Pm
May 30-9 Pm
June: Wed. 25-7 Pm
for next three months.

Doesn't happen again?

What will you do to ensure that

Use this space to explain your future plan.

Future Plan

Part 2

Date
Completion

Plan of Correction

Rules (Criteria)

Findings

Inspections or department upon request.

The drill procedures and results shall be submitted to the fire

safety and security within 30 days of the drill and the time taken to

satisfy evacuation and testing of drill. A copy of the
drill and the record shall contain the date, four personal

issues a year at least three months from the previous

personnel at various times of the day or night at least four

drills shall be held to provide training for residents and

the following provisions:

The provision shall be in compliance with but not limited

811-100.1-23 Physical Environment (e)(3)(D)