

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Fely Irons' Adult Residential Care Home | CHAPTER 100.1 |
| Address: 2036 Komo Mai Drive, Pearl City, Hawaii 96782 | Inspection Date: January 7, 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
DOH-ONCA
STATE LICENSING
22 JAN 18 P 3:58

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-10 Admission policies. (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> Resident #2: Recent physical exam certifies resident as SNF level of care. SNF level of care exceeds license capacity of care home.</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>Called physician and clarified level of care and resident #2 is now on ARCH level of care.</i></p> | <p style="text-align: center;"><i>1/13/22</i></p> <p style="text-align: right;">22 JAN 18 P 3:59</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 Nutrition. (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: Low salt diet ordered by physician. No documented evidence that special diet is being provided.</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>Called physician and diet order has been clarified and resident #2 is now on regular diet.</i></p> | <p style="text-align: center;"><i>1/13/22</i></p> <p style="text-align: center;">22 JAN 18 P 3:59</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> One (1) loose protruding tile at entrance of resident bedroom #2.</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><i>Bedroom # 2 entrance floor tile has been fixed + re-placed.</i></p> | <p style="text-align: right;"><i>1/13/22</i></p> <p style="text-align: center;">22 JAN 18 P 3:59</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(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>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;</p> <p><u>FINDINGS</u> Resident #2, #3: certified as non-self preserving, only two (2) responsible adults in premises of care home.</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>Called physician and non self preserving has been clarified and resident # 2 + #3 are now self preserving.</i></p> | <p style="text-align: center;"><i>1/13/22</i></p> <p style="text-align: center;">STATE OF HAWAII DONORNA STATE LICENSING</p> <p style="text-align: center;">22 JAN 18 P3:59</p> |

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Licensee's/Administrator's Signature: Fely Irons

Print Name: FELY IRONS

Date: Jan 13, 2022

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DPT-ORCA
STATE LICENSING

'22 JAN 18 P 3:59