

Office of Health Care Assurance

21 NOV 12 P3:09

State Licensing Section

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING SECTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gutierrez ARCH Inc	CHAPTER 100.1
Address: 3374-A Maunaloa Avenue, Honolulu, Hawaii 96816	Inspection Date: September 16, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> Primary care giver (PCG), Substitute care giver (SCG) #1, and SCG #2 – No 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><i>yes, TB has been updated for all staff.</i></p> <p><i>1. Ruby Bristol (PCG) on September 29, 2021.</i></p> <p><i>2. Cassie McNeal (SCG) on September 29, 2021.</i></p> <p><i>3. Gloria Pancho (SCG) on September 29, 2021.</i></p>	<p>21 NOV 12 P3 09</p> <p>STATE OF HAWAII DEPARTMENT OF STATE LIAISON</p> <p><i>9/29/21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> Primary care giver (PCG), Substitute care giver (SCG) #1, and SCG #2 – No annual tuberculosis clearance.</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>I will have documented evidence of an initial and annual TB clearance for all staff who reside or provide care or services to residents here at Gutierrez ARCH. I will review clearances every 3 months. and notify staff by email or call to update before expiration.</i></p>	<p>'21 NOV 12 13:10</p> <p>STATE OF HAWAII DOM-OUTA STATE LICENSING</p> <p><i>9/29/21</i></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 #1 – No Current level of care (LOC) on file. LOC was last updated 11/13/2019 and the resident was self-preserving. On 11/19/2020, the resident was certified as non-self preserving but LOC was left blank at that time.</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>Yes, LOC for Resident # 1 has been updated on September 28, 2021 with Dr. Fujikami.</i></p>	<p>'21 NOV 12 P3:10</p> <p>STATE OF HAWAII DOH-CSC STATE LICENSING</p> <p><i>9/28/21</i></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 #1 – No Current level of care (LOC) on file. LOC was last updated 11/13/2019 and the resident was self-preserving. On 11/19/2020, the resident was certified as non-self preserving but LOC was left blank at that time.</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>I will make sure on LOC is determined on documented by the resident's physician or APRN and have a current order on file & reviewed every 4 months.</i></p>	<p><i>9/28/21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1 – Physician's written diet order dated 11/19/2020 was "as desired." The diet order was not clarified.</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>yes, A physician order for Resident #1 pertaining to a diet order was updated on september 20, 2021.</i></p>	<p><i>9/20/21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1 – Physician's written diet order dated 11/19/2020 was "as desired." The diet order was not clarified.</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>In the future, PCG will review the resident's diet orders monthly and if any changes needs to be made, or clarified 12/17/2021. PCG will call physician's office and clarify orders and PCG will document in progress notes. PCG will also notify family of any diet order changes.</p>	<p>21 DEC 22 P 4:16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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> In resident's bedroom #3, two (2) bottles of Ear Wax Removal Drops and one (1) open container of Prevagen Regular Strength were left on the resident's dresser unsecured.</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>Yes PCG obtained order from physician. and resident may keep @ bedside & self administer medication.</i></p>	<p><i>10/25/2021</i></p> <p>21 DEC 22 P 4:16</p> <p>STATE OF MARYLAND DEPARTMENT OF HEALTH STAFF</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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> In resident's bedroom #3, two (2) bottles of Ear Wax Removal Drops and one (1) open container of Prevagen Regular Strength were left on the resident's dresser unsecured.</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>PCG will check MAR's & physician orders daily for all residents all medications and if any orders are missing, PCG will contact physician's office to obtain order. PCG and caregivers will check the locked cabinet daily for secured lock.</p>	<p>12/17/2021</p> <p>21 DEC 22 P4:16</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 #2 – Resident self-administers Ear Wax Removal Drops and Prevagen Regular Strength supplement and keeps them on the bedside shelf. No physician's order on file.</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>yes, physician/APRN order updated on September 30, 2021 by Dr. Summer Chong.</i></p>	<p>21 NOV 12 P3:10</p> <p><i>9/30/21</i></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 #2 – Resident self-administers Ear Wax Removal Drops and Prevagen Regular Strength supplement and keeps them on the bedside shelf. No physician's order on file.</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>I will RD make ensure all medications and supplements are available as ordered by a physician or APRN. & updated every 4 months w/ physician.</i></p>	<p><i>9/30/21</i></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> On 3/16/2021, the physician signed an order for Vitamin D3 1000 units. Previously the order was Vitamin D3 5000 units. The medication bottle available for the resident was D3 125mcg.</p> <p>STATE OF HAWAII DOH-0003 STATE LICENSE NO.</p> <p>21 NOV 12 P3:10</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>Yes. Physician order reviewed & obtained</i></p>	<p><i>11/2/2021</i></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> On 3/16/2021, the physician signed an order for Vitamin D3 1000 units. Previously the order was Vitamin D3 5000 units. The medication bottle available for the resident was D3 125mcg.</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>In the future, PCH will have a reminder calendar posted as well as phone calendar q 3 months to review all medication and supplements with the physician and make appts for followup so that visit does not exceed 4 months.</p> <p>1) PCH before leaving office will clarify all orders w/ physician prior to leaving or will call office @ home 13 w/in 24 hours to clarify orders. Any changes PCH will obtain physician's order. Immediately.</p>	<p>12/17/2021</p> <p>21 DEC 22 P4:16</p> <p>STATE OF MAINE</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 – In medication administration record (MAR), PCG documented “Clean area with hydrogen peroxide then apply Imiquimod 5% cream daily to affected area of scalp” was discontinued on 2/20/2021. There was no physician’s order for discontinuation.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSE NO.</p> <p>21 NOV 12 P 3:10</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>yes, physician order updated on November 1, 2021 by Dr. Summer cheng</p>	<p>11/02/21</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 – In medication administration record (MAR), PCG documented “Clean area with hydrogen peroxide then apply Imiquimod 5% cream daily to affected area of scalp” was discontinued on 2/20/2021. There was no physician’s order for discontinuation.</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>In the future, PCG will have a reminder on chart as well as phone calendar every 3 months to review all medications and supplements with the physician & make appts for followup. so that orders do not exceed 4 months.</p> <p>PCG will review all medications & orders 2x a month and any updates or changes PCG will contact physician's office</p>	<p>12/17/2021.</p> <p>21 DEC 22 P 4:16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – General medication order was not updated more than four (4) months. Last updated 3/16/2021.</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>Yes, MAR updated by Physician on Nov 3, 2021</i></p>	<p><i>11/3/2021</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – General medication order was not updated more than four (4) months. Last updated 3/16/2021.</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>In the future, PCG will have a reminder in chart as well as on her phone calendar scheduled ^{to} 3 months to review all medication and supplements. w/ the physician and make appt for follow up so that it don't exceed 4 months.</p>	<p>12/17/2021.</p> <p>21 DEC 22 PM 4:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – MAR indicated that “Niacinamide 500mg, 1 tab, 2 x day” was administered for the past 12 months. The medication was reviewed by the physician on 3/16/2021 and 2/3/2021 only.</p> <p>STATE OF HAWAII DON-CHICK STATE LICENSE 11:38 21 NOV 12</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>Yes MAR was updated by physician on 11/3/2021 11/3/2021</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – MAR indicated that “Niacinamide 500mg, 1 tab, 2 x day” was administered for the past 12 months. The medication was reviewed by the physician on 3/16/2021 and 2/3/2021 only.</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>In the future, Pct will have a reminder in chart as well as a phone calendar q 3 months to review all medication and supplementz w/ the physician and make appts for follow-up, so that it does not exceed 4 months.</p>	<p>12/17/2021.</p> <p>21 DEC 22 P 4:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – No current 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><i>Yes, TB for Resident #1 has been updated September 29, 2021.</i></p>	<p><i>9/29/21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – No current annual tuberculosis clearance.</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>In the future, PCCs will review residents' chart monthly for all clearances and schedule appts one month ahead prior to expiration of clearance. PCCs will have reminder set in phone calendar.</p>	<p>12/17/2021</p> <p>21 DEC 22 PM 4:17</p> <p>STATE OF CONNECTICUT DEPT. OF SOCIAL SERVICES STAFF TRAINING UNIT</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Pantoprazole was started on 7/1/2021, but not documented in progress notes.</p> <p>STATE OF HAWAII DOH-OSHA STATE LICENSING 21 NOV 12 P 3:11</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Pantoprazole was started on 7/1/2021, but not documented in progress notes.</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>In the future, PCG will have a monthly calendar posted & also reminder in phone calendar monthly to document in progress notes or when changes are made w/ resident's care.</p>	<p>12/17/2021.</p> <p>21 DEC 22 P4:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Imiquimod 5% and Hydrogen Peroxide were discontinued 2/20/2021. No progress notes were made by PCG.</p> <p>STATE OF HAWAII DOH-CD/CA STATE LICENSE NO.</p> <p>21 NOV 12 P3:11</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Imiquimod 5% and Hydrogen Peroxide were discontinued 2/20/2021. No progress notes were made by PCG.</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>In the future, PCG will have a monthly calendar posted & also reminder in phone calendar monthly to document in progress notes any changes in meds for resident.</p>	<p>12/17/2021</p> <p>21 DEC 22 P4:17</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LIAISON</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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> There were four (4) non-self preserving resident residing at the home.</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>Yes, PCG called and scheduled a video visit w/ client's PCP & did assessment on client w/ PCP present. and PCG faxed over self pres form & LOC form to PCE to update LOC/SP. PCE certified resident as Self preserving. All documents were sent to OHEA w/ corrections and also faxed to inspector on Nov. 24 2021.</p>	<p>9/28/2021.</p> <p>21 DEC 22 P4:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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> There were four (4) non-self preserving resident residing at the home.</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>In the future, PCG will notify OHEA as soon as possible if resident is non self preserving or going to become NSP. Family will also be notified. and PCG will schedule visit w/ PCP to change certification. PCG will plan discharge if needed after certification is made. PCG will also have 3 caregivers at all times until discharge if needed.</p>	<p>12/17/2021.</p> <p>21 DEC 22 P4:17</p> <p>STATE OF CALIF. DONOR REC'D STAFF LISTENING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-90 <u>Expanded ARCH resident's rights.</u> (5) In addition to the resident's rights in section 11-100.1-21, the expanded ARCH resident shall have the right to:</p> <p>Be afforded privacy curtains or screens when required to share a room with another resident.</p> <p><u>FINDINGS</u> Privacy curtains or screens were not available for the shared bedroom #1 with one (1) expanded ARCH level resident and one (1) ARCH level resident.</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>Yes. curtain setup. after purchasing</i></p>	<p><i>10/1/2021</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-90 <u>Expanded ARCH resident's rights.</u> (5) In addition to the resident's rights in section 11-100.1-21, the expanded ARCH resident shall have the right to:</p> <p>Be afforded privacy curtains or screens when required to share a room with another resident.</p> <p><u>FINDINGS</u> Privacy curtains or screens were not available for the shared bedroom #1 with one (1) expanded ARCH level resident and one (1) ARCH level resident.</p> <p>STATE OF MARYLAND DEPT. OF HEALTH STATE LICENSING 21 NOV 12 PM 3:11</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>I will ensure all residents be afforded privacy curtains or screen when required to share a room with another resident</i></p>	<p><i>10/1/21</i></p>

Licensee's/Administrator's Signature: *Ruby G Brister*

Print Name: Ruby G Brister

Date: 11/1/2021

Licensee's/Administrator's Signature: *Ruby G Brister*

Print Name: Ruby G Brister

Date: 12/18/2021

STATE OF HAWAII
DOH-CHD
STATE LICENSING
21 NOV 12 P3:11