

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: MIVA ARCH, Inc.	CHAPTER 100.1
Address: 87-158 Kaukamana Street, Waianae, Hawaii, 96792	Inspection Date: February 22, 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.

22 FEB 28 AM 47
STATE OF HAWAII
DOH-LSA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Primary care giver: No documented evidence of annual physical exam 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><i>Yls. Rn- SCS gave the forms for PE & TB for Jane through husband but declined due to current health status - on going treatment for cancer of the brain.</i></p>	<p><i>2/28/22</i></p>

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

22 FEB 28 AM 0:47

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS Primary care giver : No documented evidence of annual physical exam by physician.</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 and for SCB- licensee always remind PCH & SCB 3-6 mos. before survey that they need PE & TB clearance. Due to unforeseen circumstances it was not done.</p>	<p>2/28/22</p>

STATE OF MA
DEPT. OF
SCIENCE & TECHNOLOGY

22 FEB 28 AM 0:47

	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: No documented evidence of 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. I remind the husband of Jane about the deficiency but declined due to current health status - on going treatment for cancer of the brain.</i></p>	<p><i>2/28/22</i></p>

STATE OF HAWAII
DEPARTMENT OF
HEALTH
STAFF LICENSING

22 FEB 28 AM 0:47

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute care giver #1: No documented evidence of annual physical exam by physician.</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, I gave the form to SCT #1 but declined to go have annual PE because he decided to follow the wife & take care of her.</p>	<p>2/28/22</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p>22 FEB 28 AM 148</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p>FINDINGS Electronic signaling device in bedroom #3 and #4 malfunctioning.</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>Yes, An-SOS & licensee called the electrician to come & fix it or replace the signaling device. Also An-SOS put call bells in bedroom #3 & #4.</i> </p>	<p style="text-align: right;"><i>2/22/23</i></p> <div style="text-align: right;"> <p>22 FEB 28 AM 1:48</p> <p>STATE OF HAWAII DEPARTMENT OF SOCIAL SERVICES STATE LICENSING</p> </div>
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<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Electronic signaling device in bedroom #3 and #4 malfunctioning.</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>In the future, to avoid the same deficiency, I will check all the call lights every week on Monday and also give instructions to the caregivers. Make a reminder in my calendar or put a note & stick in front of the refrigerator the day to check the call lights of all the rooms & bathroom.</i></p>	<p style="text-align: right;"><i>2/22/22</i></p>
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Licensee's/Administrator's Signature: Imelda Arreda A.

Print Name: Imelda Arreda

Date: 2-28-2022

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

22 FEB 28 AM 0:48