Office of Health Care Assurance

**State Licensing Section**

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| | |
|---|---|
| **Facility's Name: Martha's** | **CHAPTER 100.1** |
| **Address:**<br>**516 Ihe Street, Honolulu, Hawaii 96817** | **Inspection Date: March 8, 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.**

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-3 Licensing. (b)(1)(I) Application.<br><br>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:<br><br>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;<br><br>**FINDINGS**<br>No documented evidence of Fieldprint background check for adults over the age of 18 in care home. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br>I made the appointment on 3/3/22, it was done already!<br><br>M Tauanuolo CHO<br><br>STATE OF HAWAII DOH/CHSD STATE LICENSING | 3/3/22<br><br>'22 MAY 10 P3:02 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| ☒ | §11-100.1-3 Licensing. (b)(1)(I) Application.<br><br>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:<br><br>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;<br><br>**FINDINGS**<br>No documented evidence of Fieldprint background check for adults over the age of 18 in care home. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>My future plans is- I make a reminder note for me to do it in Jan of every year; ready for the inspection in March. I I place in the wall on my desk: | 5/5/22<br>~~5/15/22~~<br><br>M Tamalolo CHO |

STATE OF HAWAII
DEPT OF HUMAN SERVICES

22 MAY 10 P3:01

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements.<br>(a)<br>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.<br><br>**FINDINGS**<br>Resident #1: no documented evidence of annual physical exam. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>- I make the appointment for physical on 3/24/22 at 9:45 was done already & filed in my policy folder. M Taumalolo 3/24/22. | |

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
'22 MAY 10 P3:01

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (a)<br>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.<br><br>**FINDINGS**<br>Resident #1: no documented evidence of annual physical exam. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br>My future plan: I make a reminder note to check 2 month a head of the physical to be done & place in the wall of my desk. | 5/5/22<br>MTaumalolo CHO |

STATE OF HAWAII DEPT. OF HEALTH STATE SURVEY AGENCY

22 MAY 10 P3:01

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (a)<br>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.<br><br>**FINDINGS**<br>No documented evidence of annual physical clearance for four (4) house hold members. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br>My daughter in Rose went and did all the physical on 3/21/22 + TB test + is already put on the policy folder. | 3/23/22 M Saunders CFO |

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
'22 MAY 10 P3:02

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
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STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

22 MAY 10 P3:01

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements.<br>(b)<br>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.<br><br>**FINDINGS**<br>Resident #1: No documented evidence of annual tuberculosis clearance. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br>I took her in to Kanakila clinic on 3/23/22. audit was done + file on policy folder. | 3/23/22<br><br>3/23/22<br>MT Amended to CH 0. |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (b)<br>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.<br><br>**FINDINGS**<br>No documented evidence of annual tuberculosis clearance for four (4) house hold members. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br>I took him to Kanakila clinic on 4/12/22. it was done & file in the policy folder. | 4/12/22 Kanakila Clfo. |

STATE OF HAWAII
DOH-DEER
STATE PERSONNEL

22 MAY 10 P3:02

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (b)<br>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.<br><br>**FINDINGS**<br>No documented evidence of annual tuberculosis clearance for four (4) house hold members. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br>My future plan. I make reminder to check & do it in a month a head & place in the wall of my desk. | 3/5/22.<br>M Tenabolo CHO |

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING
22 MAY 10 P3:01

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (f)(1)<br>The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:<br><br>Be currently certified in cardiopulmonary resuscitation;<br><br>**FINDINGS**<br>Substitute care giver #3: No documented evidence of cardiopulmonary resuscitation certificate and first aid certificate. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br>She made an appointment to take the CPR class on May 23rd 2022.<br><br>STATE OF UTAH<br>DEPARTMENT OF<br>HUMAN SERVICES<br>RECEIVED<br>2022 MAY 10 P 3:02 | 5/23/22<br>M Tamalah<br>CLHO. |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (f)(1)<br>The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:<br><br>Be currently certified in cardiopulmonary resuscitation;<br><br>**FINDINGS**<br>Substitute care giver #3: No documented evidence of cardiopulmonary resuscitation certificate and first aid certificate. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>My future plan, to make a reminder to check + do it 1 to 2 month ahead before the inspection. place in the wall of my desk. M Tanabe | 5/5/22 |

STATE OF HAWAII
DEPT. OF
STATE LIBRARIES

22 MAY 10 P3:01

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (a)<br>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.<br><br>**FINDINGS**<br>Medication of house hold member left unlocked in living room. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br>9. removed it to a different locked cupboard. | 3/8/22<br>H Taumalolo CHO |

STATE OF HAWAII
DOH-OHCP
STATE LICENSING

2022 MAY 10 P3:02

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (a)<br>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.<br><br>**FINDINGS**<br>Medication of house hold member left unlocked in living room. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>My future plan - I make a reminder note place in front of the ice box. Do not leave any medication unlocked. | 5/5/22<br><br>M Tavares CHO |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (b)(3)<br>During residence, records shall include:<br><br>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;<br><br>**FINDINGS**<br>Resident #1: Partial and incomplete progress notes from March 2021 to March 2022. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>I finish it + complete those missing months. according to his condition. There was no changes in his condition and medication. | 3/9/22<br><br>M Tamaleto CHO |

'22 MAY 10 P3:02

STATE OF HAWAII
DEPT OF HRS
STATE LICENSING

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (b)(3)<br>During residence, records shall include:<br><br>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;<br><br>**FINDINGS**<br>Resident #1: Partial and incomplete progress notes from March 2021 to March 2022. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>My future plan. I make a reminder note for me to do it at the end of every month. | 5/5/22.<br><br>M Tomalde CHO |

STATE OF HAWAII
DOH-OCCA
STATE LIBRARIES

22 MAY 10 P3:01

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (o)(1)(C)<br>Bedrooms:<br><br>General conditions:<br><br>Family members shall not sleep in residents' bedrooms;<br><br>**FINDINGS**<br>Male house hold member living in resident bedroom. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br>I admit him to the care home on 3/8/22.<br>Physical was done on 3/30/22<br>TB test on 3/23/22. | 3/8/22<br><br>3/8/22<br><br>M Faunadelo CHO |

STATE OF TEXAS
DEPT. OF HUMAN SERVICES
STATE LICENSING
'22 MAY 10 P3:02

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (o)(1)(C) Bedrooms:<br><br>General conditions:<br><br>Family members shall not sleep in residents' bedrooms;<br><br>**FINDINGS**<br>Male house hold member living in resident bedroom. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>My future plan I make a reminder note. Only use the resident room for resident only. I will place in the policy books, as a reminder. | 5/5/22.<br><br>M Tauneloto CHO |

STATE OF HAWAII
DOH-OHCQ
STATE LICENSING

'22 MAY 10 P3:01

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (o)(1)(B) Bedrooms:<br><br>General conditions:<br><br>There shall be an adequate number of rooms provided for immediate family members as well as residents;<br><br>**FINDINGS**<br>Male house hold member living in resident bedroom. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>I admitt him on the same day 3/8/22. I completed all the necessary papers + file. | 3/8/22<br><br>H Tamalio CHO |

'22 MAY 10 P3:02

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (o)(1)(B) Bedrooms:<br><br>General conditions:<br><br>There shall be an adequate number of rooms provided for immediate family members as well as residents;<br><br>**FINDINGS**<br>Male house hold member living in resident bedroom. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br>My future plan - I will not do it again. I make a reminder + place in the rec box, Only use the resident room per resident only. | 5/5/22<br>M Faircloth CHO |

STATE OF HAWAII
DCR/CPOA
STATE LICENSING

'22 MAY 10 P3:01

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (p)(5) Miscellaneous:<br><br>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.<br><br>**FINDINGS**<br>Signaling device in bedroom number #1 not operational. Fixed during inspection. | **PART 1**<br><br>**Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** | |

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-87 Personal care services. (c)(3)<br>The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:<br><br>Visits to the physician every four months or more frequently to ensure adequate medical supervision.<br><br>**FINDINGS**<br>Resident #1: Last physician visit on 9/24/21. No contact with physician in over four months. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br>The appointment was made on 3/24/22. He went to see his PCP on that day. 3/24/22. | 3/24/22<br>M Tacmalde CHO |

STATE OF HAWAII
DOH-OPPA
STATE LICENSING

22 MAY 10 P3:02

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STATE OF HAWAII
DOH-OHSL
STATE LICENSING

'22 MAY 10 P3:01

Licensee's/Administrator's Signature: Maata Taumalolo

Print Name: Maata Taumalolo

Date: 5/5/22