

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: RJ Santiago ARCH & E-ARCH	CHAPTER 100.1
Address: 94-571 Loaa Street, Waipahu, Hawaii 96797	Inspection Date: July 8, 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.

STATE OF HAWAII
DOH-ONCA
STATE LICENSING

21 JUL 20 PM 12:17

	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> Resident #1 – No current tuberculosis clearance on file.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident tuberculosis clearance was done on 10/20/20 but was not signed by MD. I brought the TB clearance paper at the doctor's office and was signed on 7/8/21 at 2:30 PM.</p>	7/8/21

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Resident #3 – No menu for “no added salt” diet.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I spoke to DOH nutritionist on 7/15/21 at 3PM (Mrs. Annette Jackson) I told her that Physician order is written as Regular diet no added salt. She advised to clarify the diet to MD. Called MD office at 3:10 and clarify order. MD order is regular diet and signed on 7/16/21. (Telephone order 7/15/21)</p>	7/16/21

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 requires daily insulin subcutaneous injection. No documentation that PCG trained SCG #1, #2, and #3 for insulin administration.</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING JUL 20 12:17 '21</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG trained SCG #1,2+3 for insulin administration on 7/13/21. Documentation is now filed at the care home folder.</p>	<p>7/13/21</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> SCG #1 – Completed 11 hours continuing education credits in the past 12 months, one (1) hour short.</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>21 JUL 20 12:18</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #1 has completed 1 1/2 hr. of inservice, on 10/24/20. SCG #1 has inservices on her file since she is a substitute for different care homes.</p>	<p>7/13/21</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> Fire drills were not conducted varied times. Documented times for the past 12 months were only between 9am and 4pm.</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING JUL 20 PM 2:18</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>	

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Licensee's/Administrator's Signature: Juliet V. Santiago

Print Name: JULIET V. SANTIAGO

Date: 7/20/21

STATE OF HAWAII
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21 JUL 20 PM 12:18