Office of Health Care Assurance

**State Licensing Section**

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| **Facility's Name: Sebastian's ARCH LLC** | **CHAPTER 100.1** |
| **Address:**<br>**Address: 1630 Leilani Street, Honolulu, Hawaii 96819** | **Inspection Date: April 18, 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>Substitute care giver #2: No documented evidence of Fieldprint Background check. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br>Yes, deficiency was corrected. I set the appointment of SCG #2 for her Fieldprint Background check and SCG completed appointment on May 4, 2022. The Fitness Determination Document is now on file in ARCH Binder.<br><br>STATE OF HAWAII<br>DOH-OHCS<br>STATE LICENSING<br>22 MAY 23 P3:41 | 5/17/22 |

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| ☒ | §11-100.1-8 Primary care giver qualifications. (a)(9)<br>The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:<br><br>Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH;<br><br>**FINDINGS**<br>Substitute care giver #1: No documented evidence of cardiopulmonary and first aid certification. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Yes, the deficiency was corrected. SCG #1, actually, had a CPR and First Aid certification (dated 2/19/21) from my email; I printed a copy and filed it in my ARCH Binder.<br><br>STATE OF HAWAII<br>DOH-OHCA<br>STATE LICENSING<br><br>'22 MAY 23 P3:41 | 5/17/22 |

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| ☒ | §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>Substitute care giver #2: 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>Yes, the deficiency was corrected. I called SCG #2 to provide document of annual physical exam, I provided DOH forms for PCP to complete. The document dated 1/26/22 is already filed in ARCH binder. | 5/17/22 |

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| ☒ | §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>Substitute care giver #2: 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><br>In the future, I'll keep track of expiration dates in my calendar and I'll make it a policy of our Care Home to give one month reminders to SCGs to set appointments and to secure documentation for my file. I'll provide DOH forms for PCP to complete. | 5/16/22 |

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| ☒ | §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>Substitute care giver #2: 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><br>Yes, the deficiency was corrected. I called SCG #2 to provide document of Annual TB clearance. I provided DOH form for FCP to complete. The document dated 1/26/22 is already filed in our ARCH Binder. 5/17/22 | |

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Licensee's/Administrator's Signature: Adelina P. Sebastian

Print Name: Adelina P. Sebastian

Date: May 17, 2022