

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Alaag, L.L.C. ARCH	CHAPTER 100.1
Address: 94-1032 A Lumikula Street, Waipahu, Hawaii 96797	Inspection Date: June 1, 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.

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
JUL -6 09:11
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> Substitute care giver #1, #2: No documented evidence of annual physical exam.</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>Substitute care giver #1 & #2 evidence of annual physical exam is now on file with its expiration date, current</i></p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p>6/1/22</p> <p>22 JUL -6 19:11</p>

	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>FINDINGS Substitute care giver #1, #2: No documented evidence of annual physical exam.</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>In the future, to be sure that SCG #1 & #2 annual PE is available, is listed in checklist folder with its current exp. date</i></p>	<p><i>6/1/22</i></p>

STATE OF HAWAII
DOH-CHSA
STATE LICENSING

22 JUL -6 AM 9:11

	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> Substitute care giver #1, #2: 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>SCG #1, #2 evidence of annual PRD clearance is now on file</i></p>	<p><i>6/1/22</i></p> <p>22 JUL -6 AM 9:11</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</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> Substitute care giver #1, #2: No documented evidence of 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>In the future, evidence of annual TPD clearance be listed in Checklist Folder</i></p>	<p><i>6/1/22</i></p> <p style="text-align: right;">22 JUL -6 AM 11</p>

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition. (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> No current food menu posted.</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>Current Food menu now posted</i></p>	<p><i>6/1/22</i></p>

STATE OF HAWAII
DHS-CHCA
STATE LICENSING

22 JUL -6 19:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 Nutrition. (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> No current food menu posted.</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>In the future current menu posted be listed in checklist folder as a reminder</i></p>	<p><i>6/1/22</i></p> <p>STATE OF HAWAII DOH-OPIC STATE LICENSING JUL -6 09:11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1: verbal order of Azithromycin 250mg 2 tabs on 1st day and 1 tab from day 2-5 not recorded on physicians order sheet.</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>§11-100.1-15 <u>Medications</u>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1: verbal order of Azithromycin 250mg 2 tabs on 1st day and 1 tab from day 2-5 not recorded on physicians order sheet.</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>In the future, to be sure that meds prescribed by PCP to the patients be recorded in their PCP's progress notes is now listed in checklist folder as a reminder</i></p>	<p><i>6/1/22</i></p>

STATE OF ILLINOIS
DEPARTMENT OF
STATE LICENSING

22 JUL -6 19:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p><u>FINDINGS</u> Resident #2: No documented evidence of readmission assessment after hospitalization on 8/16/21.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Readmission assessment after hospitalization on 8/16/21 has been documented and in patient's file</i></p> <p align="right">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p><i>6/6/22</i></p> <p align="right">22 JUL -6 4:11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p><u>FINDINGS</u> Resident #2: No documented evidence of readmission assessment after hospitalization on 8/16/21.</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 readmission assessment after hospitalization be documented & filed right away and be listed in the checklist folder as a reminder</p>	<p>6/1/22</p> <p>22 JUL -6 A9:11</p> <p>STATE OF HAWAII DOH-CICA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Wall surrounding bathroom shower handles covered in foil.</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>Foil surrounding the bathroom shower handle has been removed. Plumber came to fix the shower handle fixtures</p>	<p>7/1/22</p> <p>22 JUL -6 A9:11</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

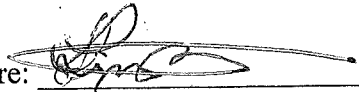
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Wall surrounding bathroom shower handles covered in foil.</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>In the future, to make sure that the bathroom shower handle are is not covered in foil is listed in checklist folder</i></p>	<p><i>7/1/22</i></p> <p>22 JUL -6 AM 11</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Hot water for sink in bathroom #1 was turned off. Hot water turned on during inspection.</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>Hot water in bathroom #1 has been turned on.</p>	<p>6/1/22</p> <p>22 JUL -6 19:11</p> <p>STATE OF HAWAII DEPT OF HEALTH STATE LICEONS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Hot water for sink in bathroom #1 was turned off. Hot water turned on during inspection.</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>A sign is posted in Bathroom 1 that reads. "Do not shut off hot water valve under the sink" In the future, don't shut off ^{hot} water valve is listed in the Checklist folder.</p>	<p>6/1/22</p> <p>22 JUL -6 A9:11</p> <p>STATE OF HAWAII DOH-0123 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (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> Bedroom #2 signaling device at bed side not operational.</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>Signaling device in bedside bedroom # 2 has been made operational</i></p>	<p><i>6/1/22</i></p> <p>22 JUL -6 AM:11</p> <p>STATE OF HAWAII DEN-0102 STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (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> Bedroom #2 signaling device at bed side not operational.</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>In the future, to be sure that signaling device at bed side are working is listed in checklist folder.</i></p>	<p><i>6/1/22</i></p> <p>22 JUL -6 A9:11</p> <p>STATE OF HAWAII DOH-CHC STATE LICENSING</p>

Licensee's/Administrator's Signature: 

Print Name: LINDA GUTING

Date: 7/8/22

STATE OF HAWAII
DOH-DICA
STATE LICENSING

22 JUL -6 09:11