Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Family Ties I ARCH	**CHAPTER 100.1**
Address: 992 Ala Kapua Street, Honolulu, Hawaii 96818	**Inspection Date: June 14, 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
☒	§11-100.1-9 Personnel, staffing and family requirements.(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. **FINDINGS** Substitute Care Giver (SCG) #1 – No documented evidence of a current tuberculosis clearance by a physician or advanced practice registered nurse (APRN). **Please provide a copy of a signed tuberculosis clearance by a physician or APRN.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Client Sarah to MD office have him signed the Tuberculosis assessment form client X-ray has also been done. See attached sheets for Info;	yes 6/23/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements.(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. **FINDINGS** Substitute Care Giver (SCG) #1 – No documented evidence of a current tuberculosis clearance by a physician or advanced practice registered nurse (APRN). **Please provide a copy of a signed tuberculosis clearance by a physician or APRN.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I need to make sure before I leave the Doctors office I need to double check & make sure the forms for TB clearance is signed by the MD. I will put in my calendar that says 2 forms need to be signed the physical form & TB clearance form this reminder me to avoid same mistake in the future.	6/12/12

STATE OF HAWAII
DEPT. OF HUMAN SERVICES

'12 JUL -5 P3:44

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. **FINDINGS** Observed facility refrigerator with a temperature of 58 degrees Fahrenheit.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Refrigerator is Broken Bought a new one.	yes June 14/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. **FINDINGS** Observed facility refrigerator with a temperature of 58 degrees Fahrenheit.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 7 In the future everytime I open the refrigerator I will also check the thermometer @ the same time or as often as appropriate. 7 I also talk & communicate to all by back/Caregivers to check also everytime they open the refrigerator. 7 I also write in my calendar that says check the thermometer of the refrigerator to avoid same ~~mistake~~ in the future	8/15/22

STATE OF HAWAII
DEPARTMENT OF HEALTH
SANITATION BRANCH

22 JUL -5 P3:45

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; **FINDINGS** Resident #3 – Resident register not updated with resident #3's admission's information (5/23/2022) at time of admission. Register updated with resident's information during inspection.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	22 JUL 5 P3:45

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; **FINDINGS** Resident #3 – Resident register not updated with resident #3's admission's information (5/23/2022) at time of admission. Register updated with resident's information during inspection.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** > In the future I need to make sure that all admissions must be registered in the resident register in a timely manner. > I will put a red sign infront of the chart that says do not forget to put your admission on the resident register > I will also put a red sign in my "personal calendar that says write your admission now @ the resident register" > I also told to my backup caregivers to remind me everyday to update my register every time we have admission. > I will make a checklist all the things that needs to be done when I have admission & put it infront of my resident register so that I will not forget!	7-19-22

STATE OF HAWAII
DEPT. OF HUMAN SERVICES
STATE LICENSING OFFICE
'22 AUG -1 A9:53

Licensee's/Administrator's Signature: _____

Print Name: Mary-Ann Bath

Date: 7-5-22

Licensee's/Administrator's Signature: _____

Print Name: Mary-Ann Bala

Date: 7-19-22