

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Ferrer, Erlinda (E-ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 1701 Elua Street, Honolulu, Hawaii 96819</b>	<b>Inspection Date: June 3, 2022 Annual</b>

**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  
DHHS-ARCH  
STATE LICENSING

22 JUL -6 AM 9:09

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a)            Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><b><u>FINDINGS</u></b>            Resident #2: Level of care unclear.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>* Clarified with MD the level of care.            * Level of Care - ARCH, Level II</p>	<p>6-6-22</p> <p>6-14-22</p> <p style="text-align: right;">22 JUL -6 19:09</p> <p style="text-align: right; font-size: small;">STATE OF IOWA            DEPARTMENT OF            STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a)            Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><b><u>FINDINGS</u></b>            Resident #2: Level of care unclear.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>* Add Level of Care to Reg. Admission Checklist needed during admission</i></p>	<p style="text-align: center;"><i>6-6-22</i></p> <p style="text-align: center;">22 JUL -6 AM 09</p> <p style="text-align: center; font-size: small;">STATE OF MICHIGAN            DEPARTMENT OF HEALTH            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2: Physician order "consistent carbohydrate diet." No documented evidence that consistent carbohydrate diet has been provided to resident.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>* Diet clarified with Primary Physician, now the diet order is "Regular Diet, no added sugar!"</i></p>	<p style="text-align: center;">6-6-22</p> <p style="text-align: right;">22 JUL -6 19:09</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #2: Physician order "consistent carbohydrate diet." No documented evidence that consistent carbohydrate diet has been provided to resident.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>* Add a reminder on the Admission list for Diet Orders and properly reflect on the Meal Menu</i></p>	<p style="text-align: center;"><i>6-6-22</i></p> <p style="text-align: center;">22 JUL -6: 49:09</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DOR-CLICA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p><b><u>FINDINGS</u></b> Noted surveillance cameras in residents' bedrooms and living room area. No documented evidence of consent from resident, family, or legal guardian.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>* Consent from resident / family for surveillance has been obtained for current patients</i></p>	<p style="text-align: right;"><i>6-29-22</i></p> <p style="text-align: center; vertical-align: bottom;"> <small>STATE OF HAWAII DOH-DHCA STATE LICENSING</small> </p> <p style="text-align: right; vertical-align: bottom;">22 JUL -6 19:09</p>

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Licensee's/Administrator's Signature: Erinda T. Ferrer

Print Name: ERLINDA T. FERRER

Date: 7-1-22

STATE OF HAWAII  
DEPARTMENT OF  
STATE LICENSING

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