

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Analani Hale ARCH	CHAPTER 100.1
Address: 98-137 Kaluamoi Place, Pearl City, Hawaii 96782	Inspection Date: August 1, 2022 Initial

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.

22 SEP -9 P 4:29
STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING SECTION

	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> Primary Care Giver (PCG) and Substitute Care Giver (SCG) #1 – No current annual physical exam.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>REFER TO ATTACHMENT A & B</p> <p>PCG OBTAINED PHYSICAL EXAM ON 8/10/22.</p> <p>SCG #1 OBTAINED PHYSICAL EXAM ON 8/8/22.</p>	<p>8-8-22</p> <p style="text-align: right;">22 SEP -9 4:29 STATE OF NEW YORK STATE HEALTH DEPT.</p>

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<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> Primary Care Giver (PCG) and Substitute Care Giver (SCG) #1 – No current annual physical exam.</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>TO PREVENT THIS FROM HAPPENING AGAIN I MADE AN ANNUAL CHECKLIST OF ALL NECESSARY DOCUMENTS NEEDED BY PCG, SCGS, INCLUDING HOUSEHOLD MEMBERS AND RESIDENTS. ALL NECESSARY DOCUMENT WILL BE PROMPTLY CHECKED. ADDITIONALLY, A MONTHLY REMINDER CALENDAR WAS MADE FOR ALL IMPORTANT DOCUMENTS.</p>	<p style="text-align: right;">22 SEP -9 PA 29</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> PCG – No current 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>SEE ATTACHMENT C (CHEST XRAY DATED 3/23/22, FORM F 3/23/22, ANNUAL TB SCREENING 8/10/22)</p> <p>PCG OBTAINED ANNUAL TUBERCULOSIS CLEARANCE ON 8/10/22.</p>	<p>8-10-22</p> <p>22 SEP -9 P 4:29</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> No documentation that PCG trained SCG #1 to make prescribed medications available to residents.</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>REFER TO ATTACHMENT D</p> <p>SCG#1 WAS TRAINED TO ADMINISTER MEDS & SUPPLEMENTS AND RECORD IN MAR ACCORDINGLY.</p>	<p>8/2/22</p> <p>22 SEP -9 P 4:29</p> <p>STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES HARTFORD, CT 06103</p>

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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 #1 – No menu for “Soft diet.”</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>RESIDENT #1</p> <p>PCG VERIFIED DIET WITH MD. PCG OBTAINED THE CORRECT DIET ORDER TO REGULAR DIET ON 8/1/22.</p> <p>PCG IS CURRENTLY ENROLLED IN SPECIAL DIET CLASS TO BE SPECIAL DIET APPROVE.</p>	<p>8/1/22</p> <p>22 SEP -9 PM 29</p>

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	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><u>FINDINGS</u> Resident #1 – Physician ordered Soft Diet on 6/24/22 and 7/7/22. The home is not special diet approved.</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>PCG CONTACTED PHYSICIAN REGARDING CORRECT DIET ORDER. CORRECT DIET WAS OBTAINED AND MENU WAS MADE AVAILABLE. REGULAR DIET WAS ORDER WAS OBTAINED ON 8/1/22.</p>	<p>8/1/22</p> <p>22 SEP -9 P4:29</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Medication cabinet was not locked upon department arrival. PCG locked it during inspection.</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>	<p>8/11/22</p> <p>22 SEP -9 P 4:25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – “Calcium 600mg with D3, Take 3 tablets orally at Bedtime” was listed in medication administration record (MAR) as current medication. Medication was available at home. But no physician’s order was on file.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>MD NOTIFIED AND OBTAINED ORDER OF THE CURRENT MEDICATION THAT WAS TRANSCRIBED IN MAR, CALCIUM 600mg WITH D3, TAKE 3 TABLETS ORALLY AT BEDTIME.</p> <div style="text-align: right; font-size: small; margin-top: 20px;"> STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH STATE OF MICHIGAN </div>	<p style="text-align: right; font-size: large;">8/1/22</p> <p style="text-align: right; font-size: large;">22 SEP -9 P 4:29</p>

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STATE OF
NEW YORK
OFFICE OF
STATE EDUCATION

22 SEP -9 P 4:29

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – “Vitamin B-12 1000mg, Take 1 tablet orally at Bedtime” was listed in MAR. Physician’s order dated 6/21/22 was Vitamin B-12 500mg, 1 tablet by mouth daily. Please clarify with physician.</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>CLARIFIED WITH THE PHYSICIAN AND CORRECT ORDER WAS OBTAINED AS TRANSCRIBED IN MAR. VITAMIN B-12 1000mcg take 1 tablet orally at bedtime.</p>	<p>8/1/22</p> <p>22 SEP -9 P4:22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – “CoQ10 300mg, 1 Tablet orally at Bedtime” was listed in MAR. Physician’s order dated 6/21/22 was COQ10, Ubiquinol, 100mg, take 100mg by mouth daily.</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>CLARIFIED WITH MD AND OBTAINED THE CORRECT ORDER AS TRANSCRIBED IN MAR. COQ10 300mg take 1 capsule orally at bedtime.</p>	<p>8/1/22</p> <p>STATE OF NEW YORK DEPT. OF HEALTH SEATTLE, WASHINGTON</p> <p>22 SEP -9 P4:29</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – “CoQ10 300mg, 1 Tablet orally at Bedtime” was listed in MAR. Physician’s order dated 6/21/22 was COQ10, Ubiquinol, 100mg, take 100mg by mouth daily.</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, PCG OR SCG'S WILL ALWAYS DOUBLE CHECK THE PHYSICIAN'S ORDER AND MAKE SURE IT IS ACCURATE WITH ALL THE MEDICATION LABELS AND MAR. WE WILL REVIEW MEDICATION MONTHLY AND WILL CALL MD IF WITHIN 24 HOURS IF THERE IS ANY DISCREPANCY.</p>	<p>8/1/22</p> <p>22 SEP -9 P 4:29</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Cholecalciferol Vitamin D (Vitamin D-3) 25mcg (1000unit) Chewable was listed in current medication order dated 6/21/22. Not listed in MAR.</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>CLARIFIED WITH PHYSICIAN AND OBTAINED THE CORRECT MEDICATION ORDER. CORRECT ORDER IS, Calcium 600mg with D3 TABLETS tablets, take 3 tablets orally at bedtime.</p>	<p align="center">8/1/22</p> <p align="right">22 SEP -9 P 4:29</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Cholecalciferol Vitamin D (Vitamin D-3) 25mcg (1000unit) Chewable was listed in current medication order dated 6/21/22. Not listed in MAR.</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, PCG OR SCGS WILL ALWAYS CHECK AND RECONCILE PHYSICIAN'S ORAL MEDICATION LABELS AND MAR. AND WILL IMMEDIATELY CALL PHYSICIAN TO CLARIFY ANY DISCREPANCY. WE WILL REVIEW MEDICATION MONTHLY TO PREVENT ANY DISCREPANCY.</p>	<p>8/1/22</p> <p>22 SEP -9 P 4:30</p>

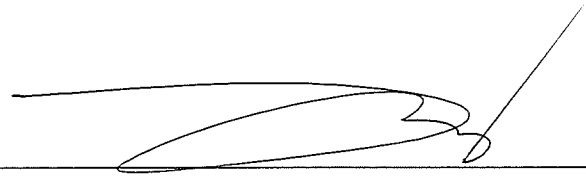
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> In Permanent Resident Register, "Religion" field was left blank. PCG completed it during inspection.</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> <p>STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STATE CAPITAL BUILDING</p>	<p>8/1/22</p> <p>22 SEP -9 P4:30</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> In Permanent Resident Register, "Religion" field was left blank. PCG completed it 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>MOVING FORWARD, PCG OR SCG'S WILL MAKE SURE THAT PERMANENT RESIDENT REGISTRY WILL BE FILLED WITH ALL NECESSARY INFORMATION NEEDED. IF THE RESIDENT OR RESPONSIBLE PARTY IS UNSURE, WE WILL MARK IT AS "NOT APPLICABLE".</p> <p>STATE OF CONNECTICUT DEPARTMENT OF STATE POLICE</p>	<p>8/1/22</p> <p>22 SEP -9 P4:50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> No documentation that smoke detectors were tested.</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>	<p>8/11/22</p> <p>22 SEP -9 P 4:30</p> <p>STATE LIBRARY</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> No documentation that smoke detectors were tested.</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>MOVING FORWARD, PCG OR SCGS WILL ALWAYS MAKE SURE TO DO THE MONTHLY SMOKE DETECTOR TEST AND DOCUMENT IT PROMPTLY. IN ADDITION, PCG MADE A MONTHLY CHECKLIST AND INCLUDED IT IN THE MONTHLY CALENDAR.</p>	<p>8/11/22</p> <p>22 SEP -9 P 4:30</p>

Licensee's/Administrator's Signature: _____



Print Name: Jana Rubio

Date: 9/6/22

STATE OF NEW YORK
DEPARTMENT OF
STATE SERVICES

22 SEP -9 P4:30