

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII  
 DEPARTMENT OF HEALTH  
 DIVISION OF LICENSING  
 22 001 24 P 3 48

<b>Facility's Name:</b> Calucag ARCH-I	<b>CHAPTER 100.1</b>
<b>Address:</b> 99-042 Ieie Place, Aiea, Hawaii 96701	<b>Inspection Date:</b> July 19, 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 (CATEGORIES)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>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 ARC shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDING</u> Substitute Care Give: #1 - No annual tuberculosis clearance, as clearance was not signed by a physician or APRN.</p>	<p>ART 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>Annual TB clearance was brought to Dr's. office for signature.</p>	<p>7/22/2022 done</p>

STATE OF MICHIGAN  
DEPARTMENT OF HEALTH  
COMMUNITY CARE LICENSING

22 AUG 10 AM 11:12

	RULES (CRITERIA)	PLAN OF CORRECTION <span style="float: right;">Completion Date</span>
<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><b>FINDINGS</b> Substitute Care Giver #1 – No annual tuberculosis clearance, as clearance was not signed by a physician or APRN.</p> <p style="text-align: right;">STATE OF MICHIGAN DEPARTMENT OF HEALTH DIVISION OF HEALTH SERVICES AUG 10 AM 1:22</p>	<p style="text-align: center;"><b>PART 1</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>Once the TB clearance was processed 7/22/2022 &amp; documented let MD/APRN signed it right away.</p> <p>Other alternative will be to go to Sanakila Health Center, once the result is printed there is an auto MD signature.</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><b><u>FINDINGS</u></b>  Resident #1 – Soft chopped diet ordered 4/11/2022; however, no documented evidence the resident’s physician was contacted to clarify the diet type.</p> <p style="text-align: right;">STATE OF HAWAII  DEPARTMENT OF HEALTH  DIVISION OF LICENSING  AUG 10 AM 1:22</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>Clarification of diet order → 7/28/2022  done ( Regular - chopped diet)</i></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b>FINDINGS</b> Resident #1 – Medication order for Calcium + Vitamin D did not specify the IU or mcg for Vitamin D.</p> <p style="text-align: center;">STATE OF MARYLAND DEPARTMENT OF HEALTH AUG 10 AM 11:22</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>Medication clarification done → 7/28/2022 (Calcium 600mg + Vit D3, 400 IU i f sub. — p.o. QD)</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b> Resident #1 – Medication order for Calcium + Vitamin D did not specify the IU or mcg for Vitamin D.</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>- Check medication order right away (nearly transferred/admit) Medication on hand should match the doctor's order for dosage if not get a clarification right away. (If no dosage asked or suggest)</p> <p>- Check medication order whenever you see the doctor otherwise check your medications order monthly when doing your MAR</p> <p>- Check medication changes when MD do quarterly Renewal.</p>	<p>7/28/22 See Attached</p> <p>22 OCT 24 P 3:48</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><b><u>FINDINGS</u></b> Resident #1 – PRN Advil available for resident expired in 7/2021.</p> <p style="text-align: center;">STATE OF MICHIGAN DEPARTMENT OF LICENSURE STATE EXAMINER</p> <p style="text-align: center;">22 AUG 10 AM 11:12</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>D/c Advil ordered → (not being used since client is admitted)</i></p>	<p style="text-align: center;"><i>7/28/2022</i></p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b> Resident #1 – PRN Advil available for resident expired in 7/2021.</p> <p style="text-align: right;">STATE OF MICHIGAN DEPARTMENT OF HEALTH DIVISION OF LICENSURE AUG 10 AM 12 '22</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>- Make a note on the MAR when med. expired</p> <p>- Or write it on the calendar the expiration date – as a reminder.</p>	<p>7/28/22 – med did.</p>

Licensee's/Administrator's Signature: Josephine Calucag  
Print Name: JOSEPHINE CALUCAG  
Date: 8/8/2020

Licensee's/Administrator's Signature: Josephine Calucag  
Print Name: JOSEPHINE CALUCAG  
Date: 10/20/22

22 OCT 24 P.