

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Calucag III | CHAPTER 100.1 |
| Address: 1050 18 th Avenue, Honolulu, Hawaii 96816 | Inspection Date: December 1, 2021 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.

22 JAN 20 AM 1:19
STATE OF HAWAII
DONORICA
STATE LICENSING

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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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><u>FINDINGS</u> Resident #1 – Resident admitted as expanded level of care. Level of care changed to ARCH a few months after admission, and case management services were dropped; however, no new level of care form was obtained from 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>Yes, an updated level of care form was obtained from PTs doctor. (see attached)</p> | <p>12/6/21</p> <p>22 JAN 20 AM 1:19</p> <p>STATE OF HAWAII DOH-DOCA STATE LICENSING</p> |

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STATE OF HAWAII
DHHS
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| <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 – No special diet menu available for resident on controlled carbohydrate 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 diet order was clarified with her doctor and was changes to a regular diet. (see attached)</p> | <p>12/6/21</p> |

STATE OF HAWAII
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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (m) A business entity operating more than one Type I ARCH, shall utilize a registered dietitian to assist in the planning of menus and provide special diet consultation, as needed. The consultant shall provide special diet training to food preparation staff to ensure competency.</p> <p><u>FINDINGS</u> Resident #1 – No documentation of the utilization of a registered dietitian to assist in menu planning, nutrition assessments, and special diet training.</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>A new RD was hired as a consultant for the care home. Resident #1 diet was changed to regular.</p> | <p>12/6/21</p> <p>22 JAN 20 AM 1:19 STATE OF HAWAII DOH/ARCH STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – Initial (2-Step) tuberculosis clearance not available.</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 obtained a 2-step TB clearance on 12/7/21 (see attached)</p> | <p>12/7/21</p> |

STATE OF HAWAII
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STATE OF HAWAII
DOH-DHCA
STATE LICENSING

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Documents not accurate or current. On admission, level of care form stated resident was ARCH level of care; however, points added up to intermediate nursing care level. In addition, resident's level of care changed in May 2021; however new level of care form was not obtained from 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>Yes, an updated level of care form was obtained from the resident's doctor. The form was complete and accurately reflects the resident's current condition.</p> | <p>12/6/21</p> |

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STATE OF HAWAII
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STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

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| <input checked="" type="checkbox"/> | <p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 – No evidence of pneumococcal immunization upon admission.</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 is no longer expanded level.</p> | <p>12/6/21</p> <p>22 JAN 20 AM 1:19</p> <p>STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Expanded resident admitted on 2/26/2021; however care plan not developed for resident until 3/6/2021.</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>22 JAN 20 AM 1:19</p> <p>STATE OF HAWAII DOH-OLCA STATE LICENSING</p> |

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STATE OF HAWAII
DEPT. OF HEALTH
NURSING DIVISION
NURSING LICENSING

22 JAN 20 AM 1:19

Licensee's/Administrator's Signature: _____



Print Name: Samuel Kahalewai

Date: 1/13/21

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

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