

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Downey, Norma (ARCH)	CHAPTER 100.1
Address: 4038 Salt Lake Boulevard, Honolulu, Hawaii 96818	Inspection Date: September 1, 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.

STATE LICENSING
DCH-CHL
STATE OF HAWAII

22 OCT 21 18:10

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 Licensing. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p>FINDINGS Substitute care giver #1, Substitute care giver #2: No documented evidence of fieldprint background check.</p> <p style="text-align: right;">STATE OF NEW YORK DOH - ARCH STATE LICENSING</p> <p style="text-align: right;">22 OCT 21 08:10</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>Notified SCG # 1 & 2 need to schedule for the fingerprinting & background check ASAP.</p> <p>- SCG #1 scheduled and received his fingerprint and background check documents</p> <p>- SCG #2 scheduled her fingerprinting & background check. But due to family emergency / matters on the mainland unable to follow thru</p> <p>* AS of 9/23/2022 - was notified by SCG # 2 that she is unable to continuing as a SC because not sure when she will be back</p>	<p style="text-align: right;">9/26/2022</p> <p style="text-align: right;">NO</p> <p style="text-align: right;">9/13/2022</p> <p style="text-align: right;">NO</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-3 Licensing. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p>FINDINGS Substitute care giver #1, Substitute care giver #2: No documented evidence of fieldprint background check.</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p>22 OCT 21 AM 11</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>SCG #1 inputted a reminder on his mobile device / computer / calendar to schedule the finger printing and back ground check in 2023 no later than August</p> <p>- As of 9/23/2022 - SCG #2 no longer SCG due to family matters on the main land</p>	<p>12/7/2022</p> <p>N.D</p> <p>NO</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 Primary care giver qualifications. (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH;</p> <p>FINDINGS Primary care giver, substitute care giver #1, Substitute care giver #2: No documented evidence of current cardiopulmonary resuscitation and first aid certificate.</p> <p style="text-align: right;">STATE OF NEVADA DEPT. OF HEALTH & WELLNESS STATE LICENSING</p> <p style="text-align: right;">22 OCT 21 18:11</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> <i>Contacted instructor to sign up for classes to update the the CPR & 1st aid. for PCG, SCG #1, SCG #2</i> </p> <hr/> <p> <i>- Received updated CPR & 1st aid cards</i> </p>	<p style="text-align: right;">9/2/2022</p> <p style="text-align: right;">N.D.</p> <hr/> <p style="text-align: right;">9/6/2022</p> <p style="text-align: right;">N.D.</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-8 Primary care giver qualifications. (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH;</p> <p>FINDINGS Primary care giver, substitute care giver #1, Substitute care giver #2: No documented evidence of current cardiopulmonary resuscitation and first aid certificate.</p> <p style="text-align: right; color: blue;">STATE OF HAWAII DCH-001 STATE LICENSING</p> <p style="text-align: right; color: blue;">22 OCT 21 08:11</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>Posted notes on PCG's folder as a reminder & have PCG #1 inputted on the computer/mobile Posted post-its near the calendar and phone area as a reminder</p>	<p style="text-align: right;">9/6/2022</p> <p style="text-align: right;">N.D</p>

	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, substitute care giver #1, Substitute care giver #2: No documented evidence of annual physical exam.</p>	<p style="text-align: center;">PART I</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>PCG's annual P.E done 8/29/2022</p> <p>SCG #1's annual PE done 8/15/2022</p> <p>SCG #2's annual P.E done 8/25/2022</p> <p>- missed filed documents fixed problem 9/3/2022</p> <p style="text-align: right;">H.I.</p>	

STATE OF HAWAII
 DEPT. OF HEALTH
 STATE LICENSES
 22 OCT 21 AM 8:11

	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>FINDINGS Primary care giver, substitute care giver #1, Substitute care giver #2: No documented evidence of annual physical exam.</p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING OCT 21 11:48 AM '22</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>Once received the annual P.E docs - placed it in the PCG's folder & in the correct place. Also reviewed the folder to make sure docs is filed correctly.</p> <p>I will make a reminder in my personal note.</p>	<p>9/3/2022</p> <p>N.D.</p> <p>N.D.</p>

	RULES (CRITERIA)	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 ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Primary care giver, substitute care giver #1, Substitute care giver #2: No documented evidence of annual tuberculosis clearance.</p> <p style="text-align: right;">STATE OF MARYLAND DEPARTMENT OF HEALTH STATE LICENSING 22 OCT 21 08:11</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>PCG's TB docs received</p> <p>OCG #1's TB docs received</p> <p>OCG #2's TB docs received</p> <p>— missed filed documents fixed problem</p>	<p>8/29/2022</p> <p>8/15/2022</p> <p>8/29/2022</p> <p>9/3/2022</p> <p>— N.D.</p>

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<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 ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Primary care giver, substitute care give #1, Substitute care giver #2: No documented evidence of a nual tuberculosis clearance.</p> <p style="text-align: right;">STATE LICENSING DEPT. OF HEALTH STATE OF MARYLAND 22 OCT 21 18:11</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>Once received the T.B. docs - placed docs in PCG's folder & filed in the correct section. Also, review the folder to make sure docs is filed correctly</p> <p>I will make a reminder on my personal note.</p>	<p>9/3/2022</p> <p>NO</p> <p>N.D.</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1: unknown medication pre-poured in unlabeled container.</p> <p style="text-align: right;">STATE BOARD OF NURSING NOTICE FOR STATE OF MARYLAND OCT 21 11:11 AM '22</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 style="text-align: center;"><i>No longer pre-pour 9/2/2022 medications into unlabeled container — H.D. medication has been discarded.</i></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1: No documented evidence that medications were reevaluated every four months from July 2021 to August 2022.</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>contacted res #1's POA need to get updated reevaluation of res #1's med every 4 months</p> <p style="text-align: right;">NO</p> <p>* received updated reevaluation of meds for Res #1</p> <p>I will make a reminder on my personal note. — to reevaluate medication at list every four months.</p>	<p>9/6/2022 §</p> <p>9/20/2022 §</p> <p>10/3/2022</p> <p>10/15/2022</p> <p>CIN</p>

22 OCT 21 08:12

STATE OF GEORGIA
DEPT OF REVENUE
STATE EMPLOYMENT

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1: No documented evidence that medications were reevaluated every four months from July 2021 to August 2022.</p> <p style="text-align: right;">STATE OF MARYLAND DEPARTMENT OF HEALTH STATE LICENSING 22 OCT 21 12:00 AM</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>Pasted notes on Res #1's docs to remind POA that MD need to reevaluate Res #1 meds fill out docs, and have POA return to PCG</p> <hr/> <p>I will make a reminder in my personal note to renew medication. Every four months.</p>	<p style="text-align: right;">10/15/2022</p> <p style="text-align: right;">NO</p>

Licensee's/Administrator's Signature: Norma Downey

Print Name: NORMA DOWNEY

Date: 10/18/2022

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING

22 OCT 21 AM 12