

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ellazar, Estela (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 17-162 Ipu'aiwaha Street, Keaau, Hawaii 96749	Inspection Date: July 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.

	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> Substitute care giver (SCG) #1 with a history of past positive tuberculosis (TB) skin test, a skin test was completed. However, no TB risk assessment completed by APRN or MD.</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, TB Assessment completed. Dr. Capati acknowledged and reviewed the assessment by signing the assessment. 7/11/22</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> Substitute care giver (SCG) #1 with a history of past positive tuberculosis (TB) skin test, a skin test was completed. However, no TB risk assessment completed by APRN or MD.</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>Unfortunately, substitute was directed by her facility (CRN) where she works to do the skin test, even though she told them she wanted^{was} would test positive for the skin test. To avoid this issue in the future, we will continue with the TB annual TB risk assessment as done by previous years.</p>	<p>7/11/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – no diet order since admission of 10-15-20.</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><i>yes, MD was notified, and diet was ordered. Regular diet 2gram NA, regular consistency.</i></p>	<p><i>7/12/22</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – no diet order since admission of 10-15-20.</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>Upon receiving referrals ① caregiver and em will start to question eating habits and diet restrictions. ② Once resident is accepted by me, orders will be requested by myself to review for appropriateness. Resident will not be accepted until appropriate orders are in place ③ completed chart will be checked against checklist.</p>	<p>9/1/2022</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 – “Azopt ophthalmic drops” removed from the prescription labeled box.</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>yes, ophthalmic gts returned to labeled box ASA P.</p>	<p>8/2/22</p>

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<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 – “Azopt ophthalmic drops” removed from the prescription labeled box.</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><i>To avoid this issue in the future, all caregivers to be instructed on here. correct administration of meds to include, keeping labeled prescription box/pkg with the medication at all times. Reminders will be posted in the cart.</i></p>	<p><i>7/2/22</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><u>FINDINGS</u> Resident #1 – ophthalmologist order dated 09-01-21 and 03-23-22 read, “Artificial tears 1 gtt OU.” However, the monthly medication record for September 2021 – present reads, “Artificial tears 1.4% drops 1 drop both eyes <u>3x a day</u> dry eyes.”</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><i>yes, ^{or} order order corrected and clarified by Dr. Ng.</i></p>	<p>7/13/22</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 – ophthalmologist order dated 09-01-21 and 03-23-22 read, “Artificial tears 1 gtt OU.” However, the monthly medication record for September 2021 – present reads, “Artificial tears 1.4% drops 1 drop both eyes <u>3x a day dry eyes</u>.”</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>To avoid this issue in the future, all new orders to start or discontinue medications or treatments, will be reviewed with the physician for accuracy. Orders will be recorded in the MAR as written by or clarified by the physician. Documentation of the new orders are to be reviewed for accuracy, comparing order to the MAR, one last time.</p>	9/1/2022

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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 – September and October 2021 medication records read, “Olopatadine HCl 0.1% 1 drop Both eyes 2x a day.” However, no physician order for administration or discontinuation.</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>	

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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 – September and October 2021 medication records read, “Olopatadine HCl 0.1% 1 drop Both eyes 2x a day.” However, no physician order for administration or discontinuation.</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>All orders added or discontinued will not be changed until an order is written, or a phone order is received, by or from the attending physician.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Two (2) conflicting 2021 monthly weights records. January 2021 – June 2021 monthly weights for all residents differ.</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><i>yes, deficiency corrected, dates/weights listed correctly.</i></p>	<p><i>7/5/22</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Two (2) conflicting 2021 monthly weights records. January 2021 – June 2021 monthly weights for all residents differ.</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><i>To avoid this issue in the future, the weights will be listed on the actual form as the weight is taken.</i></p>	<p><i>7/5/22</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of compliance with the department's uniform tuberculosis policy;</p> <p><u>FINDINGS</u> Resident #1 – no two (2) step TB skin test. Admission TB skin test did not follow TB branch rules as it did not indicate the date of administration. (One (1) negative TB skin test completed on 01-12-22).</p> <p><u>This is a repeat deficiency from your 2021 annual inspection.</u></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>Deficiency was corrected, TB step # 1 taken 1/12/2022 - Negative. TB step # 2 taken at PMD's office on 7/12/2022 - 10:08 -- 7/14/2022 @ 10:19 results read negative.</p>	<p>7/14/22</p>

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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 pneumococcal vaccination or annual flu vaccination.</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><i>Residents receive flu & pneumococcal vaccine - file it on her chart.</i></p>	<p><i>10/11/22</i></p>

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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 pneumococcal vaccination or annual flu vaccination.</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><i>All vaccine requirements will be listed on admission checklists. I will require referrals to present documentation administration of required vaccines on admission if not already done.</i></p>	<p><i>1/14/22</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety</u>. (a)(4) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order;</p> <p><u>FINDINGS</u> Smoke detector beeping.</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, deficiency corrected, battery needed to be changed, "battery changed"</p>	<p>7/15/22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(4) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order;</p> <p><u>FINDINGS</u> Smoke detector beeping.</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><i>If the battery still beeping, replace the battery, but if it continues then replace the whole fire alarm immediately!</i></p>	<p><i>2010/22</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Care plan entitled "I need help to assess care within the health system" read, "My care giver will check and record my VSS daily and weight monthly and report for any abnormal or significant changes to my doctor and case manager." However, no documentation of daily vital signs.</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. I corrected the deficiency. Vital signs has been recorded as soon as taken.</p>	<p>7/2/22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(3) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Visits to the physician every four months or more frequently to ensure adequate medical supervision.</p> <p>FINDINGS Resident #1 – ophthalmologist visit summary dated 09-01-21 read, “Follow-up Dr. Ng <u>3 months.</u>” However, resident was not seen until 03-23-22. Ophthalmologist visit summary dated 03-23-22 read, “Follow-up Dr. Ng <u>1 month.</u>” However, has not been seen by ophthalmologist since.</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>As soon as the inspection completed, I called the Dr's office & made an appointment. Res. was seen by eye Dr. in August 2022</p>	8/5/22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><u>FINDINGS</u> No training provided by case manager to SCG #2 to provide oral and ophthalmic medications.</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><i>yes deficiency was corrected by case manager, delegation was completed.</i></p>	<p><i>7/20/22</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><u>FINDINGS</u> No training provided by case manager to SCG #2 to provide oral and ophthalmic medications.</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>Substitute #2 Ashley will do the training when she comes here and also since she lives in Oahu, I will schedule with the COM to do the training, when I know subs. caregiver #2 will be in Hilo.</p>	<p>10/7/22</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 – care plan entitled “I have a hypertension” and “I have blurred vision/overly dry eyes” did not list the medications/treatments prescribed by the MD to be administered by the care givers.</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><i>RM Case Manager updated service plan + added caregivers to administer medications/treatment prescribed by the MD.</i></p>	<p><i>7/20/22</i></p>

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Licensee's/Administrator's Signature: Estela Elazar

Print Name: ESTELA ELAZAR

Date: 7/28/22

Licensee's/Administrator's Signature: Estela Olazar

Print Name: ESTELA OLLAZAR

Date: 9/5/2022

Licensee's/Administrator's Signature: Estela Elizar

Print Name: ESTELA ELIZAR

Date: 10/11/2022