

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Indel's (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 58-109 Kaunala Street, Haleiwa, Hawaii, 96712	Inspection Date: November 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

DEC-6 P3:59
STATE OF HAWAII
HONOLULU

	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> Resident #1 – No current tuberculosis clearance. It was noted “TB risk assessment negative” in the Resident Physical Examination Record dated 12/30/2020, but no verification was on file. Last PPD skin test result on 1/2/2020 was negative.</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>I will make sure that my resident have their PPD every year. I will pick up a copy and double check the record to make sure that the TB result is in the file. I will have my substitute caregiver double check also.</i></p> <p><i>I obtained the result and filed it in the resident binder.</i></p>	<p>21 DEC -6 P 3:59</p> <p>STATE OF NEW YORK DEPT. OF HEALTH STATE EPHIS</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> Resident #1 – No current tuberculosis clearance. It was noted “TB risk assessment negative” in the Resident Physical Examination Record dated 12/30/2020, but no verification was on file. Last PPD skin test result on 1/2/2020 was negative.</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>I will double check the record to make sure that TB result is in the file. I will have my Substituted Caregiver double check the record also.</i></p> <p><i>I obtained the result and file it in resident's binder.</i></p>	<p>21 DEC -6 P 3:59</p> <p>STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (d) The primary caregiver or licensee acting as the primary caregiver must be present in the Type I ARCH at all times unless the primary caregiver or licensee acting as the primary caregiver has secured a substitute caregiver to provide temporary coverage for the primary caregiver or licensee acting as the primary caregiver.</p> <p><u>FINDINGS</u> SCG #1 was left with two (2) residents during PCG's absence from 8:45am upon department arrival to 10:35am. SCG #1 was unable to locate residents' and care home records.</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>I will train ^{attends} my substitute NOT to give the medication and record keeping.</i></p> <p><i>I Trained all my SCG caregiver.</i></p> <div style="text-align: right; margin-top: 200px;"> STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING </div>	<p style="text-align: center;">21 DEC -6 P 4:00</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (d) The primary caregiver or licensee acting as the primary caregiver must be present in the Type I ARCH at all times unless the primary caregiver or licensee acting as the primary caregiver has secured a substitute caregiver to provide temporary coverage for the primary caregiver or licensee acting as the primary caregiver.</p> <p><u>FINDINGS</u> SCG #1 was left with two (2) residents during PCG's absence from 8:45am upon department arrival to 10:35am. SCG #1 was unable to locate residents' and care home records.</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>I will train all my substitute caregivers @ least once a year and document it, to ensure all documents & medicines are locked.</i></p>	<p>21 DEC -6 P4:00</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 - Medication was stored in the unlocked desk drawer in residents' dining area. The medication was removed and secured by PCG during the 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><i>I will make sure to lock all medicines & records in the cabinet.</i></p>	<p>21 DEC -6 P 4:00</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 - Medication was stored in the unlocked desk drawer in residents' dining area. The medication was removed and secured by PCG during the 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><i>I will wait for the resident to use the inhalers & creams so I will put away and lock it. I will double check @ least once a day.</i></p>	<p>21 DEC -6 P4:00</p> <p>STATE OF MAINE DOH-650A STATE LICENSING</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 - Per medication administration record (MAR), Vitamin D2 was started 4/29/2021. Physician's written order was not obtained until 10/8/2021.</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>STATE OF FLORIDA POST OFFICE STATE LICENSING</p> <p>21 DEC -6 P4:00</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 - Per medication administration record (MAR), Vitamin D2 was started 4/29/2021. Physician's written order was not obtained until 10/8/2021.</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>I will obtain doctor's order as soon as possible instead of waiting of the next appointment.</i></p> <p><i>I will review # residents record monthly @ the end of the month. If something is missing I will contact doctor's office within 2 days.</i></p>	<p>21 DEC -6 P 4:00</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</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 – MAR was not initialed from 10/19/2021 to current.</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>I will up date MAR and initial it . I completed MAR .</i></p>	<p>21 DEC -6 P 4 :00</p> <p>STATE OF MICHIGAN DOJ - SRA STATE HOLDINGS</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 – MAR was not initialed from 10/19/2021 to current.</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>I will chart and initial as I pass medicines and I will review all documents @ the end of the month .</i></p>	<p>21 DEC -6 P 4:00</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LIAISON</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – No progress notes for September 2021 and October 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>STATE OF HAWAII DOH - OHA STATE LICENSING</p>	<p>21 DEC -6 P 4:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – No progress notes for September 2021 and October 2021.</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>I tried my best I do a good job everymonth like to write the Progress note every @ the end of the month. I will review @ the end of the month.</i></p> <p>STATE OF NEW HAMPSHIRE DEPT. OF CORRECTIONS STATE LICENSING</p>	<p>21 DEC -6 P 4:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> Resident #1, #2, #3, and #4 – No monthly weight recorded from July 2021 to October 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>21 DEC -6 P 4:02</p> <p>STATE OF ARIZONA STATE LICENSING</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> Resident #1, #2, #3, and #4 – No monthly weight recorded from July 2021 to October 2021.</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>Every end of the month I should check and take everyone's weight and record it.</i></p> <p><i>I should check it every end of the month.</i></p> <p><i>So that I will not forget I will write it in the calendar to remind me to weigh every residents @ the end of the month.</i></p> <p><i>I will put a note to the scale to weight @ end of the month and record it.</i></p>	<p>21 DEC -6 P 4:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> Residents' binders were stored on the writing desk in the resident dining area, unsecured.</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>I stored residents chart in a cabinet and locked it.</i></p>	<p>21 DEC -6 P 4:02</p> <p>STATE OF HAWAII DOH-OMCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> Residents' binders were stored on the writing desk in the resident dining area, unsecured.</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>I will lock all records & hand for my residents in the locked cabinet. I will double check if everything is locked once a day, and I will tell my substitute caregiver also to check.</i></p> <p>STATE OF HAWAII DSH-0103 STATE LICENSING</p>	<p>21 DEC -6 P4:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – On 4/29/2021, the physician noted “return to the clinic in about 4 months (around 8/29/21).” Next physician’s office visit was on 10/8/2021.</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>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>	<p>21 DEC -6 P 4:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – On 4/29/2021, the physician noted “return to the clinic in about 4 months (around 8/29/21).” Next physician’s office visit was on 10/8/2021.</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>I will write on my schedule calendar everyone's 4 months return to see the doctor.</i></p>	<p>21 DEC -6 P 4:02</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (b) The Type I ARCH shall be free of excessive noise, dust, or odors and shall have good drainage;</p> <p><u>FINDINGS</u> Home décor on the writing desk in residents dining area was covered with dust and spider webs.</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>I dusted the decor on the head of the desk and its clean now.</i></p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>	<p>'21 DEC -6 P 4:02</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (b) The Type I ARCH shall be free of excessive noise, dust, or odors and shall have good drainage;</p> <p><u>FINDINGS</u> Home décor on the writing desk in residents dining area was covered with dust and spider webs.</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>I will dust the deco on top the desk and discard some. I will dust it once a week.</i></p>	<p>21 DEC -6 P 4:02</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

Licensee's/Administrator's Signature: Indelicia Brillante

Print Name: INDELICIA BRILLANTE

Date: NOV. 30, 2021

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

21 DEC -6 P4:02