

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Riingen ARCH/Expanded ARCH</b>	<b>CHAPTER 100.1</b>
<b>Address: 17-559 Ipuaiwaha Street, Keaau, Hawaii 96749</b>	<b>Inspection Date: October 3, 2022 – Annual</b>

**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>§11-100.1-3 <u>Licensing</u>. (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><b><u>FINDINGS</u></b> Substitute care giver (SCG) #1 and SCG #2, no current fieldprint background check.</p> <p><u>Please submit documentation with your plan of correction.</u></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>Deficiency could not be corrected at time of Surveyor's visit because SCG #1 and SCG #2 fingerprints lapsed/expired due to confusion. Fingerprints were scheduled for both SCG on October 10, 2022. Results obtained November 9, 2022. Placed printed results into Provider's Binder. Please see attached.</p> <p>POC: PEG/home will use a wall calendar to put all due dates on and Post-It notes as a reminder. Background checks will be done at least 3-4 weeks prior to due date to prevent future lapses.</p>	<p style="text-align: right;">11/10/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (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><b>FINDINGS</b> Substitute care giver (SCG) #1 and SCG #2, no current fieldprint background check.</p> <p><u>Please submit documentation with your plan of correction.</u></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><i>To avoid this issue in the future, all substitutes will be doing background checks according to the rules for the ARCH/E ARCH rules vs. The Chapter 101 rules. Although, both substitutes #1 and #2 were on the "5 year-level" background checks. See Attached</i></p>	<p style="text-align: right;"><i>10/10/2022</i></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><b><u>FINDINGS</u></b>  SCG #3 – no current physical examination.</p> <p><u>Please submit documentation with your plan of correction.</u></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>SCG #3 corrected by she went and have her physical examination on 10/07/22 copy attach.</i></p>	<p style="text-align: center;"><i>12/01/22</i></p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> SCG #3 – no current physical examination.</p> <p><u>Please submit documentation with your plan of correction.</u></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><i>To avoid this deficiency in the future, I will stick to my checklist to update the requirements of the caregivers. (SCG #3 unable to get copy of PE from another provider, was awaiting copy.)</i></p> <p><i>See Attached.</i></p>	<p style="text-align: right;"><i>10/10/2022</i></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><b>FINDINGS</b>  Resident #1 – prescription bottle label altered with a sharpie pen to read, “1/2 tablets”</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p><i>Unable to correct deficiency after the fact. Currently, to correct this deficiency, a copy of the physician's order will be copied and attached to the bottle, if the orders are to decrease or increase the medication, and it is possible with the medication on hand.</i></p>	<p style="text-align: right;"><i>10/10/2022</i></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 – prescription bottle label altered with a sharpie pen to read, “1/2 tablets”</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>To correct the discrepancy get the sticky label color in Red say correct Dose and write the dose in the label not to tempered the original label and put the label in the bottle not to cover the original label.</p>	<p>12/01/22</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>FINDINGS</b> Resident #1 – physician order dated 08-26-22 read, “Seroquel 50 mg tablet extended release 24-hr take 1 tablet by mouth at bedtime.” However, no medication available on hand.</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><i>Yes, this deficiency was corrected. This medication was picked up on this day of the inspection. The next dose was scheduled to be administered this day, at bedtime.</i></p>	<p><i>10/10/2022</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 – physician order dated 08-26-22 read, “Seroquel 50 mg tablet extended release 24-hr take 1 tablet by mouth at bedtime.” However, no medication available on hand.</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>#9 POE Call the Pharmacy for refill 5-7 day before the medication running out if the medicine was not refill within the 3 days call the Doctor for a medicine refill to avoid the medicine not to be given and or asked the medicine to be hold till the medicine available and recorded in the Calendar that the meds are been called for refill and document in the progress note.</p>	<p style="text-align: right;">12/01/2022</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><b><u>FINDINGS</u></b> Resident #1 – two (2) step tuberculosis (TB) skin test did not indicate the date of administration and reading.</p> <p><u>Please submit documentation with your plan of correction.</u></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>#10 POC: Deficiency corrected. Correct TB Record obtain from the former facility today 12/01/22 See attached.</p>	<p style="text-align: center;">12/01/2022</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><b><u>FINDINGS</u></b>  Resident #1 – two (2) step tuberculosis (TB) skin test did not indicate the date of administration and reading.</p> <p><u>Please submit documentation with your plan of correction.</u></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><i>## POC: To avoid this to happen again make additional to the TB check list make a note that Date: TB step 1-2 given time and year, and result Review <sup>my check list</sup> upon admission.</i></p>	<p style="text-align: right;"><i>12/01/2022</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)            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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b>FINDINGS</b>            Resident #1 – care plan entitled, “Nutrition” updated 09-20-22 read,</p> <ul style="list-style-type: none"> <li>• “Pantoprazole DR/EC take 1 tab p.o. once a day to decrease potential abdominal discomfort r/t medications” (medication was discontinued on 08-26-22)</li> </ul> <p>Care plan entitled, “DM Type 2” updated 08-01-22 and 09-20-22 read,</p> <ul style="list-style-type: none"> <li>• “Metformin 1000 mg 1 tab po twice a day.” (medication was discontinued on 08-26-22)</li> <li>• “Diet – Regular chopped-nectar liquids” (diet was changed to regular on 08-26-22)</li> </ul>	<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>Yes, the care plan was updated as ordered.</i></p>	<p style="text-align: center;"><i>10/10/2022</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)  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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – care plan entitled, “Nutrition” updated 09-20-22 read,</p> <ul style="list-style-type: none"> <li>• “Pantoprazole DR/EC take 1 tab p.o. once a day to decrease potential abdominal discomfort r/t medications” (medication was discontinued on 08-26-22)</li> </ul> <p>Care plan entitled, “DM Type 2” updated 08-01-22 and 09-20-22 read,</p> <ul style="list-style-type: none"> <li>• “Metformin 1000 mg 1 tab po twice a day.” (medication was discontinued on 08-26-22)</li> <li>• “Diet – Regular chopped-nectar liquids” (diet was changed to regular on 08-26-22)</li> </ul>	<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><i>To avoid this deficiency in the future, the case manager will request all orders be alerted to this case manager by fax, phone call. The Case Manager will also check on new orders on visits to the home. To update the care plan appropriately.</i></p>	<p style="text-align: right;">10/10/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9)            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>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – care plan read, “check B/P daily with administering of medication &amp; document appropriately.” However, no daily B/P checks.</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>Unable to correct the deficiency at this time, after the fact, but the intervention was discussed. and the B/P will be taken daily, to monitor effectiveness of meds and avoid incidents of meds given with low Blood pressures.</i></p>	<p style="text-align: right;"><i>10/10/2022</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9)  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>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – care plan read, “check B/P daily with administering of medication &amp; document appropriately.”  However, no daily B/P checks.</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 style="text-align: center;"><i>To avoid this issue in the future, we will continue to review the care plan after completion, on admission, paying special attention to interventions not included in the physicians' orders.</i></p>	<p style="text-align: right;"><i>10/10/2022</i></p>

Licensee's/Administrator's Signature: Denita Ring

Print Name: DENITA RING

Date: 10/10/2022

RECEIVED  
OCT 14 2022



Licensee's/Administrator's Signature: Benita Ringen

Print Name: BENITA RINGEN

Date: November 10, 2022

Licensee's/Administrator's Signature: Penita Ringen

Print Name: PENITA RINGEN

Date: 12/01/2022