STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: ACTG ARCH #2	**CHAPTER 100.1**
Address: **1447 Uila Street, Honolulu, Hawaii 96818**	**Inspection Date: March 14, 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
☒	§11-100.1-17 Records and reports. (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: 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; **FINDINGS** Resident #1 – Annual tuberculosis clearance not signed by a physician or APRN.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** TB DOCUMENT BROUGHT TO RESIDENT'S PHYSICIAN FOR SIGNATURE ON 6-18-22. DOCUMENT WAS FILED IN RESIDENTS RECORD.	6-18-22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(6) 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: Physician or APRN signed orders for diet, medications, and treatments; **FINDINGS** Resident #1 – No signed diet or medication orders on admission.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** RESIDENT #1 - PLEASE SEE ATTACHED DIET OR MEDICATION ORDERS ON ADMISSION 3/7/22 SIGNED BY MD.	3-24-22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #2 – Resident's records not accurate. Incident report dated 8/8/21 stated that 911 was called at 7:30 am and they came at 7:45 am; however, resident register states resident was discharged on 8/7/2021 to Pali Momi ER with no new readmission date noted.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** NOTATED AN ERROR ON THE DATE AND CORRECTED IT AS 8/7/2021.	6-18-22

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☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Records for Residents #3 and #4, discharged in January 2022, not available for review.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #1 – Blood pressure was 181/99 on 3/12/2022 at 5 pm, but no documented evidence the resident's physician was notified.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** PLEASE SEE ATTACHED VITAL SIGNS DATED 3/12/22	3-24-22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: 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; **FINDINGS** Resident #1 – Client Goals on care plan states, "Adequate cardiac output as evidenced by (BP) and heart rate (HR) within specified range (refer to adult normal vital signs as a guide if no parameters have been ordered by doctor) and baseline mental status." No normal vital signs listed as a guide to refer to.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** OBTAINED A COPY OF ADULT NORMAL VITAL SIGNS TO REFER TO AS A GUIDE.	6-18-22

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Licensee's/Administrator's Signature: T Gallegos

Print Name: TEOFISTA GALLEGOS

Date: 3-28-22

Licensee's/Administrator's Signature: T Gallegos

Print Name: TEOFISTA GALLEGOS

Date: 6-18-22