

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Billena, Mathilda (ARCH) | CHAPTER 100.1 |
| Address: 94-1169 Limahana Street, Waipahu, Hawaii 96797 | Inspection Date: November 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.

2022 NOV 27 11:25

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| | RULES (CRITERIA) | PLAN OF CORRECTION 23 JAN -9 APR 15 | 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 Household member (HM) #1 and HM #2 - No current annual physical examination signed by physician or advanced practice registered nurse (APRN).</p> <p>Please provide a copy with your plan of corrections.</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 style="font-size: 1.2em;">House Member #1 (Ruby) Completed her PE on 12/14/22</p> <p style="font-size: 1.2em;">House Member #2 (Raven) has Completed her PE on 11/26/2022</p> <p style="font-size: 1.2em;">Copies have been Provided</p> | <p style="font-size: 1.2em;">12/26/22</p> |

07/20/22 01:00 PM FROM: VILLAGE MANAGER

| | RULES (CRITERIA) | PLAN OF CORRECTION 23 .001 -9 03:15 | 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>FINDINGS HM #1 and HM #2 -- No current annual tuberculosis clearance.</p> <p>Please provide a copy with your plan of correction.</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>House Member #1 (Ruby) Completed her Tb test on Nov 16, 2022</p> <p>House Member #2 (Raven) Completed her Tb test on Oct 5, 2022</p> | <p>12/26/22</p> |

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident #2 - Level of care evaluation noted by physician was "Independent" on physical examination dated 9/14/22. Facility is a Type I ARCH. Please clarify with physician.</p> <p>Please provide an updated copy with your plan of correction.</p> | <p>PART I</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 called doctors office and was able to take document to them to make changes @ the next day after inspection.</p> <p>Copies of updated document is provided</p> | <p>11/2/2022</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #2 - Level of care evaluation noted by physician was "Independent" on physical examination dated 9/14/22. Facility is a Type I ARCH. Please clarify with physician.</p> <p>Please provide an updated copy with your plan of correction.</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 style="text-align: center;">Moving forward, I will highlight the level of Care Assesment portion to bring attention to the doctor to complete this portion. Before leaving the office, I will check that the Physical form is completed.</p> | <p style="text-align: right;">2/23/2025</p> <p style="text-align: right; vertical-align: bottom;">23 FEB 27 11:25</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION 23 JAN -9 11:16 | Completion Date |
|-------------------------------------|--|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #2 – Physician order for “Albuterol Sulfate (ProAir HFA) 90 mcg/actuation INH. 2 puffs by mouth every 4 hours as needed (PRN) for shortness of breath.” however medication order on medication administration record (MAR) does not indicate the “every 4 hours as needed” frequency.</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 have added or manually inputted this detail onto all past, present and future the Mars sheet that has already been printed.</p> | <p>12/26/22</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #2 – Physician order for “Albuterol Sulfate (ProAir HFA) 90 mcg/actuation INH. 2 puffs by mouth every 4 hours as needed (PRN) for shortness of breath,” however medication order on medication administration record (MAR) does not indicate the “every 4 hours as needed” frequency.</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>I have created a check list on the MARs sheet to ensure all required information will be listed. Information is as listed</p> <ol style="list-style-type: none"> 1) Medication Name 2) Medication dose 3) Time Given 4) Frequency | <p style="text-align: right; font-size: 2em;">2/23/23</p> <p style="text-align: right; font-size: 0.8em;">23 FEB 27 11 02</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (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><u>FINDINGS</u> Resident #2 - Medication orders were not reevaluated every 4 months. Medication evaluation dated 11/22/21 and 7/18/22, which are 8 months apart.</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>After each appointment or doctor's visit, I will make the next appointment for each patient to ensure medications will be updated at every visit. I will use my calendar to remind me of when the next doctor's visit is due.</p> | <p style="text-align: right;">2/23/25</p> <p style="text-align: right;">23 FEB 23 11:46</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION 23 JAN -9 18:16 | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Resident #1 - No current annual physical examination signed by physician or APRN.</p> <p>Please provide a copy with your plan of correction.</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>Residents Sister has made his appointments It was completed on Nov 8, 2022</p> | <p>11/8/22</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION 73 JAN -9 19:16 | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – No current annual physical examination signed by physician or APRN.</p> <p>Please provide a copy with your plan of correction.</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>Resident's Sister is the only one who makes his appointments. She also provides transportation to and from appointments. I will be sure to send her reminders beginning in August/September</p> | <p>12/26/2022</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION 23 JAN -9 18:16 | Completion Date |
|-------------------------------------|---|--|------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Resident #1 – No current report of an annual reevaluation for tuberculosis.</p> <p>Please provide a copy with your plan of correction.</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>Resident's Sister has already made his appointments It was completed on Nov 8 2022</p> | <p>11/8/2022</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION <small>23 JUN -9 10:16</small> | Completion Date |
|-------------------------------------|---|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p>FINDINGS Resident #1 - As needed (PRN) Albuterol inhaler signed off as administered daily for the month of February 2022, 6/7/22, 8/25/22, and 9/13/22. Response to PRN medication was not documented.</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> | |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><u>FINDINGS</u> Resident #1 – As needed (PRN) Albuterol inhaler signed off as administered daily for the month of February 2022, 6/7/22, 8/25/22, and 9/13/22. Response to PRN medication was not documented.</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>I have created a separate Checklist on the Mars sheet for PRN meds given to include "Time meds is given" and "Response to medication" listing E= EFFECTIVE & NE= NOT EFFECTIVE"</p> | <p style="text-align: right;">2/23/23</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|---|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> Life Safety inspection dated 11/5/22 noted that five (5) smoke alarms installed in the care home were not hard-wired, electric powered, and interconnected with a battery backup.</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;">Hard wire smoke alarms have been installed on February 12, 2023</p> | <p style="text-align: center;">2/23/23</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|---|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> Life Safety inspection dated 11/5/22 noted that five (5) smoke alarms installed in the care home were not hard-wired, electric powered, and interconnected with a battery backup.</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>Moving Forward, I will perform monthly smoke alarm checks to make sure it is in working and operational order. I will continue to communicate with the Life Safety Inspector to ensure that my home is in compliance.</p> | <p style="text-align: center;">2/23/23</p> <p style="text-align: right;">23 FEB 27 11:26</p> |

1/13/2022 11:00 AM

| | RULES (CRITERIA) | PLAN OF CORRECTION 723 JAN -9 08 15 | Completion Date |
|-------------------------------------|--|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (n) Outdoor areas accessible to the residents shall be made safe for use by the resident.</p> <p>FINDINGS Large amount of combustible material and waste stored throughout the garage area as well as the yard area.</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>All Tools & Liquids have been locked up. Dump Runs and can recycling done bi-weekly.</p> | <p>12/26/22</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION 23 JAN -9 18 16 | Completion Date |
|-------------------------------------|---|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (n) Outdoor areas accessible to the residents shall be made safe for use by the resident.</p> <p><u>FINDINGS</u> Large amount of combustible material and waste stored throughout the garage area as well as the yard area.</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 ensure this will not happen again, I will increase the cleaning of garage to once a week ensuring no clutter in the garage area and all tools and liquids are locked up.</p> | <p>12/26/22</p> |

Licensee's/Administrator's Signature:

Mathilda Billewa

Print Name:

MATHILDA BILLEWA

Date:

12/26/22

Licensee's/Administrator's Signature: MATHILDA O. BILIERA

Print Name: MATHILDA O. BILIERA

Date: 2/24/2023

23 FEB 27 AM 21
STATE OF CALIF