

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Ilar, Emelyn (ARCH/Expanded ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 1712 Keone Street, Hilo, Hawaii 96720</b>	<b>Inspection Date: August 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.**

**RECEIVED**  
OCT 26 2022

	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>  Primary caregiver (PCG) – no fieldprint background check.  Substitute care giver (SCG) #1 – no fieldprint background check.  SCG #2 – no fieldprint background check.  SCG #3 – no fieldprint background check.</p> <p><u>Please submit a copy 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><i>It was already corrected</i></p> <p><i>PCG</i></p> <p><i>SCG #1</i></p> <p><i>SCG #2</i></p> <p><i>We have the result on Aug 3/22</i></p> <p><i>I didn't expect that the result was in when few day of inspection. I should have have asked my daughter that the time of my inspection.</i></p>	<p style="text-align: center;"><i>1/30/23</i></p> <p style="text-align: right;">23 FEB 17 01:47</p>

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<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> SCG #3 – no fieldprint background check.</p> <p><u>Please submit a copy with your plan of correction.</u> <u>This is a repeat deficiency from your annual inspection of 08-03-22.</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>I created a reminder note to obtain a fieldprint clearance for my SCG at the beginning of each year.</i></p> <p><i>I posted my note at my medicine cabinet.</i></p>	<p style="text-align: right;">2/28/22</p> <p style="text-align: right;">23 FEB 27 PM 01</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 – two (2) conflicting physician orders for office visit of 03-03-22: Handwritten physician orders signed by the physician read:</p> <ul style="list-style-type: none"> <li>• “Benztropine 1 mg tab take one tab po <u>daily</u>”</li> <li>• “Lorazepam 1 mg tab as needed take one tab at breakfast &amp; noon take <u>two tabs</u> at QHS po”</li> <li>• “Quetiapine 50 mg -&gt;<u>100 7am 2pm</u> take 2 tabs at morning po take 4 tabs at evening po Max dose 800 mg”</li> </ul> <p>Printed after visit summary read:</p> <ul style="list-style-type: none"> <li>• “Increase Benztropine Mesylate Tablet, 1 mg, 1 tablet, orally, <u>twice</u> daily”</li> <li>• “Increase Quetiapine Fumarate Tablet, 100 mg, 1 tablet in AM 2 tablets in PM orally twice daily”</li> <li>• “Continue Lorazepam Tablet, 1 mg, 1 tablet, Orally, Twice a day” “Notes: take <u>1 tablet</u> as needed for agitation in the morning and bedtime”</li> </ul> <p>No clarification order obtained.</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>I went back to the doctor office to clarify the right order + which is what the right dose + time to follow.</i></p>	<p style="text-align: right;"><i>10/25/22</i></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><b>FINDINGS</b> Resident #1 – two (2) conflicting physician orders for office visit of 04-20-22: Handwritten physician orders signed by the physician read:</p> <ul style="list-style-type: none"> <li>• “Benztropine 1 mg tab take one tab po BID”</li> <li>• “Lorazepam 1 mg tab as needed take one tab BID for agitation”</li> <li>• “Metformin HCL ER 500 mg take one tab po BID”</li> <li>• “Quetiapine 100 mg tab take one tab in the morning take two tabs in evening po BID”</li> </ul> <p>Printed after visit summary read:</p> <ul style="list-style-type: none"> <li>• “Increase Benztropine Mesylate Tablet, 2 mg, 1 tablet, orally, twice daily”</li> <li>• “Increase Metformin HCl ER: 500 mg as directed oral twice daily” “Notes: One tablet in AM and two tablets at night”</li> <li>• “Increase Quetiapine Fumarate Tablet, 200 mg 1 tablet orally twice daily”</li> <li>• “Continue Lorazepam Tablet: 1 mg, 1 ml as needed for severe anxiety/agitation Orally Twice a day” “Notes: take 1 tablet as needed for agitation up to two times daily”</li> </ul> <p>No clarification order obtained.</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>I went back to the doctor office to clarify the right order + which is what the right dose + time to follow.</i></p>	<p style="text-align: center;"><i>10/25/22</i></p>

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<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><b><u>FINDINGS</u></b> Resident #1 – October 2021 medication record – “Quetiapine 25 mg tab take 2 tabs at morning po take 3 tabs at evening po” “8am” dose was not initialed as administered 10-22-21 – 10-31-21. Resident #1 – August 2022 medication record:</p> <ul style="list-style-type: none"> <li>• 08-02-22: All pm medications not initialed as administered</li> <li>• 08-03-22: All am medications not initialed as administered</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>Deficiency reviewed &amp; acknowledged; unable to correct after the fact. 10/25/22</i></p>	



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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:</p> <p>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;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – admitted on 10-22-21, no two (2) step tuberculosis (TB) skin test. TB skin test document indicated <u>10-11-21</u> "given" and <u>10-20-21</u> "read" negative 0 mm.</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>Two step TB skin test clearance            obtained 10-20-21            see attached</i></p>	<p style="text-align: right;"><i>2/28/23</i></p> <p style="text-align: right;">23 FEB 27 P 4:01</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII            DEPARTMENT OF HEALTH            STATE LICENSING</p>

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	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><b><u>FINDINGS</u></b> Resident #1 – October 2021 – July 2022 monthly progress notes did not indicate the response to diet.</p>	<p style="text-align: center;">PART 1</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 style="text-align: right;">10/25/22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u>            All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b>FINDINGS</b>            SCG #2 – physical examination documents dated 07-28-20, 07-28-21 and 07-28-22 were identical, including same weight and blood pressure.            SCG #2 – tuberculosis (TB) risk assessment and attestation screening forms dated 07-28-22 and 07-28-21 were also identical.            Physician confirmed SCG #2 was seen on 07-08-20, 07-28-21. SCG #2 has not been seen in 2022.</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>TB test given Aug. 23/22 2/23/23</i></p>	<p style="text-align: right;">23 FEB 27 P4:01</p> <p style="text-align: right; font-size: small;">STATE OF IOWA            BOARD OF            STATE LICENSING</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u>  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b><u>FINDINGS</u></b>  SCG #3 – physical examination documents dated 06-10-21 and 06-20-22 identical, including weight, blood pressure and heart rate.  SCG #3 – TB risk assessment and attestation screening forms dated 06-10-21 and 06-20-22 identical.</p> <p>Physician confirmed SCG #3 was seen on 06-10-21, not 06-20-22.</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>Right after my inspection on Aug. 3/22 following day I made an appointment for SCG # 3 to her PCP to do her P.E. I was given on Aug. 15/22</i></p>	<p style="text-align: right;">23 FEB 17 P 1:47</p> <p style="text-align: right; font-size: small;">STATE OF NEW YORK  DEPARTMENT OF HEALTH  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u>            All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b>FINDINGS</b>            SCG #3 – physical examination documents dated 06-10-21 and 06-20-22 identical, including weight, blood pressure and heart rate.            SCG #3 – TB risk assessment and attestation screening forms dated 06-10-21 and 06-20-22 identical.</p> <p>Physician confirmed SCG #3 was seen on 06-10-21, not 06-20-22.</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 will review my caregiver checklist 2 months prior to my inspection to ensure all caregivers have a valid TB skin test and physical examination if they do not I will notify them.</p> <p>I will check my record again one month prior to my inspection to ensure all the document has been obtain.</p> <p>I will make a <sup>reminder</sup> note to do this &amp; post it in my checklist board door.</p> <p>I will not create a false document again.</p>	<p style="text-align: right;">2/23/23</p> <p style="text-align: right;">23 FEB 27 P 4:01</p>

Licensee's/Administrator's Signature: *[Handwritten Signature]*

Print Name: Emdyn Ilar

Date: 2/23/23

23 FEB 27 P4:01

STATE OF HAWAII  
DEPARTMENT OF  
STATE LICENSING

Licensee's/Administrator's Signature: \_\_\_\_\_

*Amber D*

Print Name: \_\_\_\_\_

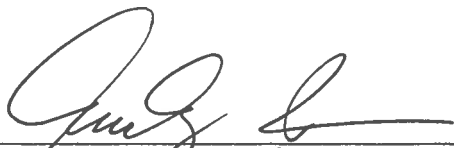
*Amber D*

Date: \_\_\_\_\_

*1/30/23*

23 FEB 17 P1:47

STATE OF HAWAII  
DHS-SDCA  
STATE LICENSING

Licensee's/Administrator's Signature: 

Print Name: Emelyn Ilar

Date: 10/25/22