

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mary ARCH	CHAPTER 100.1
Address: 94-231 Moena Place, Waipahu, Hawaii 96797	Inspection Date: November 18, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10)  The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current:</p> <p><b><u>FINDINGS</u></b>  Primary Care Giver (PCG) – No documentation that six (6) hours of continuing education credits were obtained in the past 12 months.</p> <p>Please submit evidence of six (6) hours of continuing education credits with your plan of correction. These hours will not count towards your 2023 annual inspection.</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, I attended online training on 11/28/22 + 12/1/22.</i></p> <p><i>See attached certificate of completion.</i></p> <p><i>See attached CEU certificate</i></p>	<p><i>11/28/22 + 12/1/22</i></p> <p style="text-align: right; font-size: small;">3 09/15/2022</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><b><u>FINDINGS</u></b> Primary Care Giver (PCG) – No documentation that six (6) hours of continuing education credits were obtained in the past 12 months.</p> <p>Please submit evidence of six (6) hours of continuing education credits with your plan of correction. These hours will not count towards your 2023 annual inspection.</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 will write down a reminder for the due date when to attend CEU's training. Then I will check my reminder notes one month prior to the due date + I'll make sure to attend CEU's trainings before the due date.</i></p> <p><i>See attached CEU Certificate</i></p>	<p><i>11/08/22 &amp; 12/1/22</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> (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><b><u>FINDINGS</u></b> Substitute Care Giver (SCG) #1 – No current annual tuberculosis clearance. Record showed PPD skin test result was read on 3/15/22 with 0mm induration. The form was signed by a RN. No documentation that determination was not made by physician or APRN.</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>Yes, SCG #1 took another TB clearance on 12/07/22 @ Waipahu Civic Center Clinic, DOH.</p> <p>See attached copy of current TB clearance</p>	<p>12/07/22</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><b><u>FINDINGS</u></b> Substitute Care Giver (SCG) #1 – No current annual tuberculosis clearance. Record showed PPD skin test result was read on 3/15/22 with 0mm induration. The form was signed by a RN. No documentation that determination was not made by physician or APRN.</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 instruct my Substitute Care Giver (SCG) #1 to get her TB clearance @ the doctors office/clinic from now on because they have the correct forms + it's signed by a physician or APRN. After my Substitute Care Giver is finished, I will ask to provide a copy for my documents.</p> <p>See attached copy of current TB clearance</p>	<p style="text-align: right; vertical-align: bottom;">22 APR 15 10:11 AM</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><b><u>FINDINGS</u></b>  Resident #1 – Current physician’s order included “Tylenol Extra Strength 500mg Tab sig: take 1 tablet orally every 6 hours as needed for pain.” But not listed in October 2022 and November 2022 medication administration record (MAR).</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>10/15/22</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><b><u>FINDINGS</u></b> Resident #1 – Current physician's order included "Tylenol Extra Strength 500mg Tab sig: take 1 tablet orally every 6 hours as needed for pain." But not listed in October 2022 and November 2022 medication administration record (MAR).</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>After the medication was prescribed by the doctor, I will make sure to write it down in the MAR right away. This medicine wasn't administered to the client for the month of Oct. 2022 + Nov. 2022 but I'll still have to write it down in the MAR for the succeeding months.</p>	<p style="text-align: center;">22 DEC 15 02:31</p>

	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 – No initial/2 step tuberculosis clearance.</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</i></p> <p><i>Resident #1 - Initial/2 step tuberc-  clearance was done  on 11/23/22 + 12/2/22 w/c  was given by 5 minute  Pharmacy.</i></p> <p><i>See attached copy of initial/  2 step TB clearance</i></p>	<p><i>11/23/22 +  12/2/22</i></p> <p style="text-align: right; font-size: small;">72 DEC 15 PM '22</p>



	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><u>FINDINGS</u>  Resident #1 – No initial/2 step tuberculosis clearance.</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 will check all the admission check list before admitting a resident + will review it during admission. Upon admission of a resident, I will request to provide me a copy for their initial / 2 step TB clearance. If they don't have one, I'll bring the resident to the doctor's office / clinic or pharmacy to take initial / 2 step TB clearance. Once they are finished, I'll request a copy for my documents.</i></p>	<p style="text-align: right;">23 JAN 23 PM 09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	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><b><u>FINDINGS</u></b> Resident #1 – No current annual tuberculosis clearance. The record available at home was negative chest x-ray result dated 3/12/2021 only.</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</i></p> <p><i>Resident #1 - documented evidence of current annual TB clearance was done on 12/2/22 wfc was given by 5 minute Pharmacy.</i></p> <p><i>See attached copy of current annual TB clearance</i></p>	<p style="text-align: center;"><i>12/2/22</i></p> <p style="text-align: center;"><small>72 DEC 15 09:31</small></p>

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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><b><u>FINDINGS</u></b> Resident #1 – No current annual tuberculosis clearance. The record available at home was negative chest x-ray result dated 3/12/2021 only.</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 make a requirement checklist @ the expiration date, then I will check it every month. If I noticed that his TB clearance will expired in a month, then I will bring him to the doctor's office/clinic before it expires. Once the TB clearance is completed, I will request a copy before leaving the pt to be filed in the client's chart. I will then update my checklist as I filed the documents.</p> <p>See attached copy of <sup>current</sup> annual TB clearance</p>	<p style="text-align: right; vertical-align: middle;">72 FEB 15 2021</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><b><u>FINDINGS</u></b> "HEIGHT AND MONTHLY WEIGHT RECORD" did not indicate years. Corrected during inspection.</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: center;">72 OCT 15 10:31 AM</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><b><u>FINDINGS</u></b> "HEIGHT AND MONTHLY WEIGHT RECORD" did not indicate years. Corrected during inspection.</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>Upon admission of a resident, I will write down their height + weight on the "Height + Monthly Weight Record" right away + monthly thereafter. I will make sure to fill up all <sup>the</sup> information <sup>asking</sup> including years. Then I will re read to ensure it was filling up correctly + no missing information.</p>	<p style="text-align: center;">22 DEC 15 PM 3:41</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> In Permanent Resident Register, "Religion" field was left blank for two (2) current residents, "Admitted from" field was left blank for three (3) current residents.</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</i> Permanent Resident Register form was filled up all the information asked on 11/18/22</p>	<p style="text-align: center;"><i>11/18/22</i></p> <p style="text-align: center;">22 DEC 15 09:31</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> In Permanent Resident Register, "Religion" field was left blank for two (2) current residents, "Admitted from" field was left blank for three (3) current residents.</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>Upon admission of a resident, I will register their information on Resident Register right away. I will make sure to fill up all the information asked on the form such as No., Birth Date, Religion, Marital Status, Name / Address of Resident, Diagnosis, Referred by, Admitted (Date + From), Discharged (Date, To), Condition on Discharge.</p>	<p style="text-align: right;">72 DEC 15 PM 11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request:</p> <p><b><u>FINDINGS</u></b> Fire drills conducted only between 9am and 5pm.</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 style="text-align: center;">22 FEB 15 10:31 AM</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b><u>FINDINGS</u></b> Fire drills conducted only between 9am and 5pm.</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>My future plan is to have fire drills before breakfast, lunch time + after dinner by using different flat.</i></p>	<p style="text-align: right;">23 JUN 23 01:59</p>

Licensee's/Administrator's Signature: M. Failma

Print Name: Marites Failma

Date: 12/14/2022

Licensee's/Administrator's Signature: M. Failma

Print Name: Marites Failma

Date: 01/23/2023

22 DEC 15 PM 2:11  
STAFF LICENSE