

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Precious Moment ARCH + EARCH LLC	CHAPTER 100.1
Address: 3617 Puuku Mauka Drive, Honolulu, Hawaii 96818	Inspection Date: October 6, 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.

22 NOV -3 P12:43
STATE OF HAWAII
DOH/CHCA
STATE LICENSING

	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><u>FINDINGS</u> HHM #1 – No documentation of Fieldprint background check completed.</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;"><i>HHM #1 Fieldprint (finger print) was scheduled for 11/21/22</i></p>	<p style="text-align: center;">22 NOV -3 P12:43</p> <p style="text-align: center;">STATE OF ILLINOIS DCH-OHCA STATE LICENSING</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><u>FINDINGS</u> HHM #1 – No documentation of Fieldprint background check completed.</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>PCG will inform SCG that they need to submit Fingerprint (field print) to submit evidence no prior felony or abuse convictions in a court law</i></p> <p><i>I will not allow SCG to work directly with the residents until they have completed the background check.</i></p>	<p style="text-align: center;"><i>11/3/22</i></p> <p style="text-align: center;">22 NOV -3 PM 2:43</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – Diet order dated 9/19/22 – NAS, moist minced and nectar liquid. However, there’s no order for thickening agent (Thick-it) use.</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><i>was already corrected call doctor asked for correct diet order 10/5/22</i></p> <p><i>Physician was called on 10/5/22 + obtained order to use thickening agent (thick-it).</i></p>	<p style="text-align: center;"><i>11/3/22</i></p> <p style="text-align: right;"><i>22 NOV -3 P12:43</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – Diet order dated 9/19/22 – NAS, moist minced and nectar liquid. However, there’s no order for thickening agent (Thick-it) use.</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>Upon admission or readmission I will check residents diet + liquid consistency order.</i></p> <p><i>If liquid consistency requires the use of thickening agent, I will check to see if there is an order for it.</i></p> <p><i>If none, I will call the doctor right away to get an order.</i></p> <p><i>I will write the order on the medication record for care giver to follow.</i></p>	<p style="text-align: right;"><i>11/3/22</i></p> <p style="text-align: right;">22 NOV -3 P12:42</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>FINDINGS Resident #1 - No signed physician order for the following medications identified on October 2022 MAR:</p> <ul style="list-style-type: none"> • Vitamin C 1000mg QD 1 tab po QD • Olanzapine 5 mg give ½ tab AM, ½ noon, and 2 tabs Q evening • Docusate Sodium 100 mg po BID PRN for constipation • Bacitracin-polymyxin B 500-1000 unit/gm apply topically BID PRN to wound site PRN for cuts, scrapes or bruise. 	<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;"><i>Was already corrected call doctor asked for the correct order (medication) the physician was called on 10/7/22 + telephoned order was obtained + administer the medication Physician to sign the telephone order on the next doctor's visit</i></p>	<p style="text-align: center;"><i>11/3/22</i></p> <p style="text-align: right;">22 NOV -3 P12:42</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</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><u>FINDINGS</u> Resident #1 – Physician order dated 9/19/22 reads, “Quetiapine 25 mg po Q am and HS for agitation.” However, October 2022 MAR and medication container label read, “Quetiapine 25 mg po TID PRN for agitation. Medication order was changed without a signed physician’s order.</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;"><i>called doctor on 10/7/22 and clarified the medication order to give Q am + H.S.</i></p>	<p style="text-align: center;"><i>11/3/22</i></p> <p style="text-align: center;">22 NOV -3 P12:43</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</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>FINDINGS Resident #1 - The following medication orders were not identified in September 2022 and October 2022 medication administration record (MAR):</p> <ul style="list-style-type: none"> • Acetaminophen 325 mg 2 tabs po Q4H PRN for temp > than 100.5 not to exceed 3g/24H (ordered 9/19/22) • Dulcolax suppository 10 mg insert 1 suppository rectally Q24H PRN for no BM x 2 days or if Lactulose is ineffective (ordered 9/19/22) 	<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><i>medication order for acetaminophen + dulcolax suppositories were already written on the Oct. 22 medication record. on 10/6/22</i></p>	<p style="text-align: right;"><i>11/3/22</i></p> <p style="text-align: right;">'22 NOV -3 P12:43</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</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>FINDINGS Resident #1 – Physician order dated 9/19/22 reads, “Senna Plus 8.6-50mg give 2 tabs po Q am and HS, hold for LBM.” However, the medication was transcribed on September 2022 and October 2022 as PRN. Medication has not been administered correctly as ordered.</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><i>The ^{correct} medication order has been written on the Oct. 10^{15th}, 2022 MAR on Oct. 6, 2022</i></p>	<p style="text-align: right;">22 NOV -3 12:43</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA 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> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #2 – Weights documented in 2022 monthly weight log not consistent with the weights entered on the monthly progress notes.</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>	<p>22 NOV -3 11:42</p> <p>STATE OF HAWAII <small>DEPARTMENT OF</small> STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p>FINDINGS Resident #1 – Care plan for At risk of nutritional diet dated 9/20/22 – plan of care reads, “Document the amount of food/fluid taken.” However, there’s no documentation to indicate the amount of food/fluid the resident has taken.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PCs + SCs started documenting and monitoring the resident #1 food + fluid measurement on 10/7/22 & recorded in the flow sheet located in the resident's record</i></p>	<p style="text-align: center;">11/3/22</p> <p style="text-align: right;">22 NOV -3 P12:42</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p>FINDINGS Resident #1 – Care plan for High blood pressure – plan of care reads, “Call RN to report if SBP <110 or HR <55.” No documentation that RN was notified when SBP <110 on 9/21/22, 9/22/22, 9/24/22, 9/26/22, and 9/30/22.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>PCCs + SCLG will ensure that residents care plans are followed accordingly. PCC will create a list of the residents care plan interventions for care givers to follow, in this list will be posted on the resident's record or be place in a clip board located on the resident's room. every shift the care givers will review the list.</i></p>	<p><i>11/3/22</i></p> <p style="text-align: right;">22 NOV -3 P12:42</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DCH-DHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 – No care plan developed to address wandering behavior, as noted on the admission order dated 9/19.22</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;"><i>resident #1 has been D/C on 10/11/22 and case manager was notified.</i></p>	<p style="text-align: right;">22 NOV -3 P12:42</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DOH-0HC-A STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</p> <p>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;</p> <p>FINDINGS Resident #1 – No care plan developed to address wandering behavior, as noted on the admission order dated 9/19/22.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>I will create a checklist for the RNEM visit to ensure that all necessary documents are completed.</i></p> <p><i>I will also have my SGBs double check if anything was missed</i></p>	<p style="text-align: right;"><i>11/3/22</i></p> <p style="text-align: right;">22 NOV -3 P12:42</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 – Care plan for constipation dated 9/20/22 - desired outcome reads, "Patient will have a BM at least every 3 days." However, resident has the following bowel medication orders:</p> <ul style="list-style-type: none"> • Lactulose 20mg/30 ml give 30 ml po Q24H PRN for no BM x 1 day (ordered 9/19/22) • Dulcolax suppository 10 mg insert 1 suppository rectally Q24H PRN for no BM x 2 days or if Lactulose is ineffective (ordered 9/19/22) 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DUI-CHOKA STATE LICENSING</p>	<p style="text-align: center; color: blue;">22 NOV -3 P12:42</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: *Eva Andries*

Print Name: EVA ANDRIES

Date: 11/3/22

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

22 NOV -3 P12:42