

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Roselle Ragasa Adult Residential Care Home (ARCH) Corp.	CHAPTER 100.1
Address: 4523 Likini Street, Honolulu, Hawaii 96818	Inspection Date: June 13, 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 JUL 25 P 3:54
STATE OF HAWAII
ARCH-0001
SHELLEY J. JAC

	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><u>FINDINGS</u> Substitute Care Giver #1 -- No documented evidence of an initial tuberculosis clearance.</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>Substitute caregiver was able to obtain a copy of her 2 Step PPD in Landfill Health Center. Another request for a TB test this time by the SCG #1 was declined in the clinic because nurse in the clinic said she just had one in Feb. 2022</p>	<p>7/22/2022</p> <p style="text-align: right;">'22 JUL 25 P 3:54</p> <p style="text-align: right;">STATE OF ILLINOIS DEPARTMENT OF HUMAN SERVICES SPECIAL SERVICES</p>

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<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><u>FINDINGS</u> Substitute Care Giver #1 – No documented evidence of an initial tuberculosis clearance.</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>I have made a reminder on my phone's calendar so that every year in March, 3 months before the annual inspection. I will review all my care giver clearances to ensure that the initial 2-Step TB clearance is available (if applicable) as well as the annual TB clearance. I will have a SCG double check that all clearances are available as well.</p>	<p>7/22/2022</p> <p>22 JUL 25 P 3:54</p> <p>STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STATE LICENSING</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><u>FINDINGS</u> Resident #1 – Medication order for Sennosides/Docusate Sodium 8.6-50 mg from 1/20/2022 = 1 tab every 0.5 day(s). Medication label for Sennosides/Docusate Sodium 8.6-50 mg = Take ½ tab every day, hold for loose stool. Medication administration record (MAR) for Sennosides/Docusate Sodium 8.6-50 mg = 0.5 (1/2 tab) daily. Medication order does not match the label or MAR. No documented evidence the physician was contacted for clarification.</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>Yes, faxed to the physician the copy of medication order sennosides/docusate sodium 8.6-50mg tablet clarifying dose and frequency. MD Dr. Jinieli Toleslie called and gave PCG telephone order for the sennosides/docusate sodium 8.6-50mg tablet 1 tablet orally daily.</p>	<p>7/22/2022</p> <p style="text-align: right;">22 JUL 25 P 3:54</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

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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 #1 – Medications reevaluated but not signed every four (4) months.</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 JUL 25 P 3:54</p> <p>STATE OF TEXAS DOH-1001 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> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – No documentation of primary care giver's assessment of resident upon readmission on 7/12/2021.</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>STATE OF HAWAII 1001-01026 STATE LICENSING</p>	<p>22 JUL 25 P 3:54</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)(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 #2 – No annual tuberculosis clearance. Last skin test dated 4/23/2021.</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 #2 was brought to Lanakila Health Center had his annual TB test and obtained TB clearance after 72° read with negative result.</p>	<p>7/22/2022</p> <p>22 JUL 25 P 3:54</p> <p>STATE OF HAWAII DOH-ONR STATE LICENSING</p>

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<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><u>FINDINGS</u> Resident #1 – Monthly progress notes do not include observations of the resident's response to diet and medications.</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>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p>22 JUL 25 P 3:54</p>

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Licensee's/Administrator's Signature:

Roselle Ragasa

Print Name:

Roselle Ragasa

Date:

07-22-2022

STATE OF HAWAII
DCH-DHVA
STATE LICENSING

22 JUL 25 P 3:54