

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: J. Quinabo ARCH #1</b>	<b>CHAPTER 100.1</b>
<b>Address: 1553 Kaweloka Street, Pearl City, Hawaii 96782</b>	<b>Inspection Date: January 6, 2023 Annual December 6, 2022 Life Safety</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.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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 Care Giver, Substitute Care Giver (SCG) #1, and SCG #2 – No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.</p> <p>Please provide a copy of the Fieldprint results with your plan of correction.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> PCG, SCG #1, and SCG #2 – No current First Aid certification. First Aid certification on record expired March, 2022.</p> <p>Please provide a copy of your First Aid certificate with your plan of correction.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> Primary Care Giver, SCG #1, and SCG #2 – No current cardiopulmonary resuscitation (CPR) certification. CPR certificate on record expired March, 2022.</p> <p>Please provide a copy of your CPR certification with your plan of correction.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i)  Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – No current annual diet order on record. Annual physical exam dated 12/15/22 states resident's diagnoses where diet order should be placed. No documented evidence that order was clarified.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	



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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – “Trazodone 100mg by mouth daily in the evening” labeled bottle dispensed by pharmacy on 9/2/2022 and on hand in resident’s medication bin. Physician order dated 5/16/22 and 10/25/22 states “Trazodone 50mg, 1 tablet by mouth every night as needed for sleep,” Physician order and medication bottle label dispensed by pharmacy do not match.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No schedule of activities available for department to review.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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☒	<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 – Narrative monthly progress notes do not address reason for Trazodone medication increasing from 50 mg to 100 mg. Per PCG, resident had a telehealth appointment that addressed the increase in dosage. There is no documentation of any changes in resident’s condition or behavior patterns that warranted the need for an increase in medication.</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>	

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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> Resident #3 – Resident not documented on facility’s resident registry upon admission. Resident was admitted on 8/24/21. <b>Repeat deficiency from last year’s annual inspection on January 12, 2022.</b></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>	



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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a)  The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No record of a signed financial statement to show an agreement between primary care giver and resident's family, legal guardian, or representative of who will be responsible for resident's funds and/or property.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No current inventory of belongings available for department review.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No current inventory of belongings available for department review.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (i)(3)(B)  All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Doors:</p> <p>When multiple locking devices are used on exits, a maximum of two locking mechanisms for egress shall be allowed;</p> <p><b><u>FINDINGS</u></b>  Life Safety survey conducted on 12/6/22 noted that there were keyed, sliding chain dead bolts installed on the exit door assemblies located at the front, entrance assembly, south side double door exit assembly, and the north side exit door assembly.  Sliding chain dead bolts were removed prior to inspection.</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>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(3)(B)  All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Doors:</p> <p>When multiple locking devices are used on exits, a maximum of two locking mechanisms for egress shall be allowed;</p> <p><b><u>FINDINGS</u></b>  Life Safety survey conducted on 12/6/22 noted that there were keyed, sliding chain dead bolts installed on the exit door assemblies located at the front, entrance assembly, south side double door exit assembly, and the north side exit door assembly.  Sliding chain dead bolts were removed prior to inspection.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-81 <u>Minimum structural requirements.</u> (d)            Door locks or other devices shall not be installed to restrict the free movement or use of exits by the expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b>            Life Safety survey conducted on 12/6/22 noted the following:</p> <ul style="list-style-type: none"> <li>• The keyed thumb turn deadbolts were installed reversed, on the door assemblies on the south side and the north side exit door assemblies.</li> <li>• The keyed side of the deadbolts were located on the inside of the door assemblies and the thumb turn lever side for the deadbolts were located on the exterior of the door assemblies.</li> </ul> <p>The keyed thumb turn deadbolts on south side and north side door assemblies were corrected prior to annual inspection. The thumb turn lever side for the deadbolts on the exterior side of the south door and keyed side on the interior were still present at annual inspection but corrected during annual inspection.</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>	



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
☒	<p>§11-100.1-81 <u>Minimum structural requirements.</u> (d)            Door locks or other devices shall not be installed to restrict the free movement or use of exits by the expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b>            Life Safety survey conducted on 12/6/22 noted the following:</p> <ul style="list-style-type: none"> <li>• The keyed thumb turn deadbolts were installed reversed, on the door assemblies on the south side and the north side exit door assemblies.</li> <li>• The keyed side of the deadbolts were located on the inside of the door assemblies and the thumb turn lever side for the deadbolts were located on the exterior of the door assemblies.</li> </ul> <p>The keyed thumb turn deadbolts on south side and north side door assemblies were corrected prior to annual inspection. The thumb turn lever side for the deadbolts on the exterior side of the south door and keyed side on the interior were still present at annual inspection but corrected during annual inspection.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> PCG, SCG #1 and SCG #2 – No documented evidence of aforementioned care givers completing twelve (12) hours of continuing education. PCG completed 8.5 hours, SCG #1 completed 4.5 hours, and SCG #2 did not have any record of continuing education.</p> <p>Please provide a copy of continuing education with your plan of correction to complete the required twelve (12) hours per care giver.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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

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

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