

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: All Hearts ARCH, L.L.C.	CHAPTER 100.1
Address: 5962 Kawaihau Road, Kapaa, Hawaii 96746	Inspection Date: January 27, 2023 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.

23 FEB 27 11:28
STATE OF HAWAII
LICENSING DIVISION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS Resident #1 – No documented evidence of a current signed financial statement at time of admission on 05/01/2020. Signed copy of financial statement dated 07/28/2017 on resident's chart is from Primary Care Giver's other facility.</p> <p>Please provide an updated copy with your plan of correction.</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>Signed financial statement completed by resident's attorney-in-fact on 2/4/23. PCG received it via mail on 2/11/23. Signed financial statement filed on resident's chart by the Financial Statement section.</p>	<p>2/11/23</p> <p style="text-align: right;">23 FEB 27 P 4:28</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d)</p> <p>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><u>FINDINGS</u> Resident #1 – No documented evidence of a current inventory of belongings. Last inventory date documented on 6/5/2021.</p> <p>Please provide an updated inventory with your plan of correction.</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;">Inventory of resident's belongings updated on 2/1/23 by RM SCG. Filed on resident's chart by the Personal Belongings' section.</p>	<p style="text-align: right;">2/1/23</p> <p style="text-align: center;">STATE OF HAWAII DHHS STATE LICENSING</p> <p style="text-align: right;">'23 FEB 27 P 4:28</p>
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A)</p> <p>Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p>FINDINGS Resident #1 – No current signed policy and procedures at time of admission on 05/01/2020. Signed copy of policy and procedure dated 07/28/2017 on resident's chart is from Primary Care Giver's other facility.</p> <p>Please provide an updated copy with your plan of correction.</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>Signed copy of policy & procedure completed by resident's attorney - in fact on 2/14/23.</i></p> <p><i>PCG received it via mail on 2/11/23.</i></p> <p><i>Signed copy of policy & procedure filed on resident's chart by the General Operational Policy section.</i></p>	<p style="text-align: right;"><i>2/11/23</i></p> <p style="text-align: right;">23 FEB 27 P4:28</p>

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Licensee's/Administrator's Signature: Lorraine Rabaino

Print Name: LALINE RABAINO

Date: 2/12/23

'23 FEB 27 P4:28
STATE OF HAWAII
DOM-JICA
STATE LICENSING