

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha Lifeline ARCH/E-ARCH, LLC	CHAPTER 100.1
Address: 91-983 Ikulani Street, Ewa Beach, Hawaii 96706	Inspection Date: October 11, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 - No current annual physical examination available for review. SCG was listed on leave notification from 8/20/22 to 8/25/22.</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>CHO immediately called SCG and requested SCG to provide her annual physical exam on the day of the inspection. SCG was not able to provide a copy but was able to comply 10/14/2022.</p>	10/24/2022

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	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 - physician order for honey thickened liquids on 7/15/22. No physician order for thickening agent available for review.</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>CTO immediately contacted client's PCP for a written order of thickening agent & its consistency.</i></p>	<p><i>10/11/2022</i></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 - physician order for honey thickened liquids on 7/15/22. No physician order for thickening agent available for review.</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>CHo will obtain a written order of client's nutritional supplements/ thickening agent & its preparation. CHo will make sure that it will be included in the client's chart signed by PCP/MD to ensure that new citation will not happen again in the future.</p>	10/11/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS No documented evidence that diet order was clarified with physician for the following orders:</p> <ul style="list-style-type: none"> • Resident #1 – 7/6/22 order states “cardiac pureed diet” then on 7/15/22 order states pureed solids, honey thickened liquids. • Resident #2 – 3/30/22 diet order states: “60gms carbs diabetic diet, dysphagia minced diet.” 	<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>Cto immediately contacted PCP/MO re: issues with client's diet for clarification in written & verbally.</i></p>	<p style="text-align: center;"><i>10/11/2022</i></p>

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☒	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS No documented evidence that diet order was clarified with physician for the following orders:</p> <ul style="list-style-type: none"> • Resident #1 – 7/6/22 order states “cardiac pureed diet” then on 7/15/22 order states pureed solids, honey thickened liquids. • Resident #2 – 3/30/22 diet order states: “60gms carbs diabetic diet, dysphagia minced diet.” 	<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>CHO will make sure that diet orders will be reviewed, clarified with ordering PCP/MO to ensure & prevent that same incident to not happen again in the future.</p> <p>CHO will also contact DOH OHCA's dietician for concerns, questions & assistance that will be needing before admission.</p>	10/13/2022

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Special diet menu does not meet physician orders:</p> <ul style="list-style-type: none"> • Resident #1 – “cardiac pureed diet” or “pureed solids, honey thickened liquids.” • Resident #2 -- “low carb, minced and moist foods” or “60gms carbs diabetic diet, dysphagia minced diet.” <p>Please provide a copy of your revised menu 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>To provide the diet orders, I have develop special diet menus that indicate specific texture and the specific grams of carbohydrates, as ordered.</p> <p>I contacted the OHCA nutritionist for guidance on 1/20/2023.</p>	<p>01/20/2023</p>

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Licensee's/Administrator's Signature: Romer A. JORNACION
Print Name: ROMERA A. JORNACION
Date: 01/20/2023

SHARON L. HALL
DIRECTOR
STATE LICENSING

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Licensee's/Administrator's Signature: Romer A. Joracion
Print Name: Romera A. JORACION
Date: December 16, 2022