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 19, 2021 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (h) Residents requiring emergency admission to an ARCH or expanded ARCH, due to removal from their current placement by the department or other state agency and who lack immediate access to a physician or emergency room, and who are unable to provide a report of tuberculosis clearance within one year of admission, may be admitted to the ARCH or expanded ARCH if the resident obtains a chest x-ray indicating freedom from communicable tuberculosis within twenty-four hours after admission. The resident shall obtain a tuberculin skin test within three days after admission, as per departmental procedure. The resident shall also submit to a physical examination within one week after admission unless he or she has done so within three months prior to admission. **FINDINGS** Resident #1 – CXR and 1st step of PPD done for admission. 2nd Step not completed after admission. **Please send completed 2 Step clearance with your plan of correction.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** CHO brought client to Tripler/VA Clinic for TB testing. CHO & client were told to repeat client's TB test completly eventhough client had TB test and chest X-Ray done prior to client's admission to CHO's home dated 06/12/2021. We were told that 2nd step should have been done one week after the 1st step PPD. Client's PPD reading dated 10/25/21 (1st step) & 11/01/2021 (2nd step).	11/01/2021

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation. **FINDINGS** Resident #1 – Self- administering insulins and eye drops without MD order or permission from legal guardian. **Please send copy of order with your plan of correction.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** CHO brought the MO form for the PCP to sign on the day of client's 1st step PPD. MD's nurse was able to have client's MO signed the MO form.	10/22/2021

STATE OF HAWAII DOH-OHCA STATE LICENSING
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation. **FINDINGS** Resident #1 – Self-administering insulins and eye drops without MD order or permission from legal guardian. **Please send copy of order with your plan of correction.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** CHO will create a checklist that substitute caregivers too can access so it can remind us to double check if there's written order in place and if there's a need to update it.	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (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. **FINDINGS** Resident #1 – Financial statement document was not done on admission. **Please complete and send copy with the plan of correction.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** CHO immediately have the Resident Financial Statement DOH form signed by the residents. CHO informed the resident that we weren't able to include the DOH form with the other forms he signed on the day of his admission. STATE OF HAWAII DOH-OHCA STATE LICENSING '21 NOV -5 P3:34	10/19/2021

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☒	§11-100.1-19 Resident accounts. (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. **FINDINGS** Resident #1 – Financial statement document was not done on admission. **Please complete and send copy with the plan of correction.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** CHO will create a checklist for all admission documents including financial statement to be filed on the admission.	

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MAR 30 2022

Licensee's/Administrator's Signature: Romera A. Jornacion

Print Name: ROMERA A. JORNACION

Date: 03/30/2022

Licensee's/Administrator's Signature: Romera A. Jornacion

Print Name: ROMERA A. JORNACION

Date: 02/22/2022

Licensee's/Administrator's Signature: Romera A. Jornacion

Print Name: ROMERA A. JORNACION

Date: 11/05/2021

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