

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: R & B ARCH/E-ARCH LLC	CHAPTER 100.1
Address: 94-912 Kumuao Street, Waipahu, Hawaii 96797	Inspection Date: March 3, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

APR -3 AM 39

	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>FINDINGS Physician's orders dated 2/18/23 are incomplete as follows:</p> <ul style="list-style-type: none"> ▪ "Miralex – 17gm mix with water prn for constipation". Frequency of administration missing ▪ "Milk of Magnesia – 30mL – 60mL PRN for constipation" Frequency of administration missing ▪ "Magnesium Citrate – 225mg PRN for constipation" Frequency of administration missing ▪ "Metamucil gummies – 5gm PRN for constipation". Frequency of administration missing. ▪ "Calmoseptine – Apply to perineum PRN for skin protection". Frequency of administration missing 	<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</p> <p>I corrected the deficiency by obtaining from the PCP a signed order with the correct frequency of administration of the following medications;</p> <ol style="list-style-type: none"> ① Milk of Magnesia ② Magnesium Citrate ③ Metamucil gummies ④ Calmoseptine <p>Please see attached medication update dated 3/4/23.</p>	<p style="text-align: right;">3/20/23</p> <p style="text-align: right;">23 MAR 22 A9:05</p> <p style="text-align: right; font-size: small;">DOH-CR-1 STATE POLICING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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> Physician's orders dated 2/18/23 are incomplete as follows:</p> <ul style="list-style-type: none"> ▪ "Miralex – 17gm mix with water prn for constipation". Frequency of administration missing ▪ "Milk of Magnesia – 30mL – 60mL PRN for constipation" Frequency of administration missing ▪ "Magnesium Citrate – 225mg PRN for constipation" Frequency of administration missing ▪ "Metamucil gummies – 5gm PRN for constipation". Frequency of administration missing. ▪ "Calmoseptine – Apply to perineum PRN for skin protection". Frequency of administration missing 	<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><i>To prevent similar deficiency from recurring, the following is an addition to my stated plan of correction. I added #3 to my Daily Checklist to remind me to review all medication order for completeness (e.g. medication name, dosage, frequency, route & indication if it's a PRN order) prior to leaving the Physician office & immediately after receiving an order via fax to make it sure medication is administered correctly to resident. See attached Daily Checklist form.</i></p>	<p style="text-align: right;"><i>4/3/23</i></p>

STATE OF ILLINOIS
DEPARTMENT OF
STATE LICENSING

23
APR -3 10:35

	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> Physician's orders dated 2/24/23 states, "Artificial tears TID PRN"; however, PRN indication not provided. Order incomplete.</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>YES</i> I corrected the deficiency by obtaining from the PCP a signed order with the ^{with the} for Artificial tears TID in the correct indication, see attached medication update dated 3/4/23</p>	<p style="text-align: right;"><i>3/20/23</i></p> <p style="text-align: right;">23 MAR 22 A 9:05</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSES</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> Physician's orders dated 2/24/23 states, "Artificial tears TID PRN"; however, PRN indication not provided. Order incomplete.</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><i>To prevent similar deficiency from recurring, I added # 2 + 3 on my Daily Checklist to remind me to check & make it sure all medication orders are written correctly by the resident's PCP, (e.g medication name, dosage, frequency, route & indication if its a PRN order). I will be reviewing all medication order againsts the MAR & medication bottle that they are labeled correctly before administering to the residents. See attached Daily Checklist, # 2 + 3</i></p>	<p style="text-align: right;"><i>4/30/23</i></p> <p style="text-align: right;">'23 APR - 3 MO :59</p>

STATE OF ILLINOIS
DEPARTMENT OF
STATE LICENSING

	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> Physician's orders dated 1/27/23 states, "administer THC 4mg Gummy Form plus CBD 25mg Gummy Form for insomnia"; however, frequency of administration missing. Order incomplete.</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>Yes</i></p> <p><i>I corrected the the deficiency by obtaining a signed Physician order for ^{for} THC 4mg Gummy form plus CBD 25mg gummy form with the correct frequency of administration.</i></p> <p><i>See attached medication update form dated 3/4/23</i></p>	<p style="text-align: right;"><i>3/20/23</i></p> <p style="text-align: right;">MAR 22 09:05</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DHHS DIVISION OF STATE LICENSING</p>

	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)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p>FINDINGS Physician's orders dated 1/27/23 states, "administer THC 4mg Gummy Form plus CBD 25mg Gummy Form for insomnia"; however, frequency of administration missing. Order incomplete.</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><i>To prevent similar deficiency from recurring, I added in my Daily Checklist #3 to remind me to check all new orders for completeness (e.g. medication name, dosage, frequency, route, + indication of its a PRN order) to make it sure medications are administered correctly to residents. See attached Daily Checklist #3</i></p>	<p style="text-align: right;"><i>4/3/23</i></p> <p style="text-align: right;">23 APR -3 NO:39</p> <p style="text-align: right; font-size: small;">STATE OF IOWA DOH-OSHA STATE LICENSING</p>

	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)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p>FINDINGS Resident #1 – Surveillance camera found powered on in top dresser drawer of resident's bedroom. Consent for use of surveillance camera unavailable. Submit a copy with 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>YES</i></p> <p><i>I corrected the deficiency by making a written consent for use of surveillance camera in common area + residents bedroom as necessary in the care home.</i></p> <p><i>I obtained the legal guardian consent for use of surveillance camera for the purpose of security + safety of our client. The carehome will make it sure to maintain residents rights with utmost priority of providing privacy + dignity of our residents while in the care home.</i></p> <p><i>See attached signed surveillance camera consent form 3/21/23</i></p>	<p style="text-align: right;"><i>3/21/23</i></p> <p style="text-align: right; color: purple;">MAR 22 A9:05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Surveillance camera found powered on in top dresser drawer of resident's bedroom. Consent for use of surveillance camera unavailable. Submit a copy with plan of correction.</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><i>To prevent similar deficiency from recurring, I added # 13 on my Daily Checklist to remind myself + staff to obtain signed consent from resident / responsible party prior to utilizing a surveillance camera in the resident's bedroom for the purpose of security + safety of the resident with utmost priority of providing privacy + dignity of each residents. All staff completed training See on the use of Surveillance Camera.</i></p> <p><i>See attached Daily Checklist # 13</i> <i>See attached Primary Caregiver + substitute Caregiver Training.</i></p>	<p style="text-align: right;"><i>4/3/23</i></p> <p style="text-align: right;">23 APR -3 AMO:39</p>

STATE PLANNING
DOH DIVISION
SUPPORT SERVICES

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u>(a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Care plan dated 2/25/23 states diet as “regular texture, honey thick liquids”; however, physician’s diet order dated 2/16/23 states, “honey thick liquids and chopped solid diet”. Diet order on care plan does not match physician’s order.</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>Yes</i> I corrected the deficiency by updating the careplan with the correct diet of "honey thick liquids & chopped solid diet as ordered by physician on 2/16/23. See attached corrected careplan on diet; 2/25/23 dated.</p>	<p style="text-align: right;"><i>3/20/23</i></p> <p style="text-align: right;">23 MAR 22 A9:05</p> <p style="text-align: center;">STATE OF HAWAII DHEH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 Personal care services. (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Care plan dated 2/25/23 states diet as “regular texture, honey thick liquids”; however, physician’s diet order dated 2/16/23 states, “honey thick liquids and chopped solid diet”. Diet order on care plan does not match physician’s order.</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><i>In the future to prevent this from happening again, I'll make it sure that when there is a new diet ordered for a resident, I will update the careplan right away to match with the current Physician's order. I will also notify the Case manager of the new order.</i></p> <p><i>I will use my RN case manager checklist to make sure that we will review careplans & update during monthly face to face visit with the client.</i></p>	<p style="text-align: right;"><i>3/21/23</i></p> <p style="text-align: right; color: blue;">23 MAR 22 A9:05</p>

Licensee's/Administrator's Signature: Remedios Aguinaldo

Print Name: REMEDIOS AGUINALDO

Date: 3/21/23

STATE OF HAWAII
BOH DHOA
STATE LICENSING

23 MAR 22 A9:05

Licensee's/Administrator's Signature: Remedios A. Aguirre

Print Name: REMEDIOS A. AGUIRRE

Date: 4/3/23

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

23 APR -3 AIO:39