

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Imelda G. Arreola (ARCH/Expanded ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 87-164 Kaukamana Street, Waianae, Hawaii 96792</b>	<b>Inspection Date: April 4, 2023 Annual</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.**

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
SCIENCE CENTER  
23 MAY 23 AM 1:31

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><b><u>FINDINGS</u></b>  Resident #1 – On admission form dated/signed on 10/11/2022, resident’s diet was listed as, “no concentrated sweets (NCS),” but it appeared to have been whited out and crossed out with “regular diet” then written next to it. Per PCG, she’s unsure of who wrote “regular diet.” No documented evidence the physician was contacted for clarification regarding the diet order. Another form signed/dated on 10/11/2022 has the diet order as, “no concentrated sweets,” with regular diet written next to it in a different handwriting and pen than the original NCS order.</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> <p style="text-align: center;"><b>Yes, the deficiency has been corrected. The PCG spoke with Dr. Hirose-Ridao on 3/16/2023 and the diet ordered was “regular diet”. Attached is the After Visit Summary for the patient with Dr. Hirose-Ridao.</b></p>	<p style="text-align: center;"><b>3/16/23</b></p> <p style="text-align: right; font-size: small;">23 MAY 23 AM 1:31</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Handles on sink under kitchen cabinet tied with rope with a lock attached; however, cabinet doors are still able to open enough to grab and remove toxic chemicals/cleaning agents stored inside.</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> <p style="text-align: center;"><b>The PCG called the handyman and installed a secure lock.</b></p>	<p style="text-align: center;"><b>4/4/23</b></p> <p style="text-align: right; font-size: small;">23 MAY 23 AM 11:31</p>

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	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><b><u>FINDINGS</u></b> Resident #1 – Vitamin C 1 tab orally once daily ordered and signed on 12/15/2022, did not include a dose.</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> <p style="text-align: center;">Yes, the deficiency has been corrected. PCG called and had an office visit with Dr. Hirose-Ridao to clarify the order of Vitamin C. On the After Visit Summary for 4/20/2023 the doctor prescribes, "Ascorbic Acid (C-500) 500 mg Oral Chew Tab, Take 1 tablet daily".</p>	<p style="text-align: center;"><b>4/20/23</b></p> <p style="text-align: right; font-size: small;">23 MAY 23 11:30</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medications reevaluated but not physically or electronically signed every four (4) months.</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> <p style="text-align: center;"><b>Yes, the deficiency has been corrected. On 4/20/23 Dr. Hirose-Ridao's after-visit summary with a signed copy of medication orders was received. Attached are Dr. Hirose-Ridao's signed medication orders.</b></p>	<p style="text-align: center;"><b>4/20/23</b></p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN MAY 23 11:30</p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Multiple entries in medication administration record (MAR) blank.</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>	<p style="text-align: right;">23 MAY 23 AM 1:30</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b>  Resident #3 – Annual tuberculosis clearance not signed by a physician or APRN.</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> <p><b>Yes, the deficiency has been corrected.  The annual TB clearance was signed by the APRN on 5/19/23.</b></p>	<p><b>5/19/23</b></p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN  DEPARTMENT OF HEALTH  MAY 23 AM 11:30</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No height recorded on admission assessment.</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>	<p style="text-align: center;">STATE OF MICHIGAN  STATE LICENSING  MAY 23 11:30</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date														
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b>FINDINGS</b> Resident #2 – Weights for 2022 recorded on two (2) different forms each month; however, there were significant differences in weights each month.</p> <table border="1" data-bbox="331 587 983 815"> <thead> <tr> <th>Form 1</th> <th>Form 2</th> </tr> </thead> <tbody> <tr> <td>July = 91 lbs.</td> <td>July = 85 lbs.</td> </tr> <tr> <td>August = 90 lbs.</td> <td>August = 86 lbs.</td> </tr> <tr> <td>September = 89 lbs.</td> <td>September = 87 lbs.</td> </tr> <tr> <td>October = 89 lbs.</td> <td>October = 86 lbs.</td> </tr> <tr> <td>November = 90 lbs.</td> <td>November = 86 lbs.</td> </tr> <tr> <td>December = 90 lbs.</td> <td>December = 87 lbs.</td> </tr> </tbody> </table>	Form 1	Form 2	July = 91 lbs.	July = 85 lbs.	August = 90 lbs.	August = 86 lbs.	September = 89 lbs.	September = 87 lbs.	October = 89 lbs.	October = 86 lbs.	November = 90 lbs.	November = 86 lbs.	December = 90 lbs.	December = 87 lbs.	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES MAY 23 11:30</p>
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Form 1	Form 2																
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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 – General register does not reflect resident’s admission.</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> <p style="text-align: center;"><b>Yes, the deficiency has been corrected. The PCG checked the form immediately and updated the register for Resident #3’s admission.</b></p>	<p style="text-align: center;"><b>4/11/23</b></p> <p style="text-align: center;">23 MAY 23 AM 30 STATE OF HAWAII STATE LICENSING</p>

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STATE ENGINEERING DEPARTMENT

23 MAY 23 AM 11:10

Licensee's/Administrator's Signature: Imelda Arreola R

Print Name: Imelda Arreola, RN

Date: 5-23-2023

STATE OF CALIFORNIA  
NURSING BOARD  
STATE LICENSING

'23 MAY 23 AM 1:30