

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Olive's Adult Residential Care Home (ARCH), LLC	CHAPTER 100.1
Address: 94-1006 Lumi Street, Waipahu, Hawaii 96797	Inspection Date: May 17, 2023 Initial

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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p>FINDINGS Substitute Care Giver (SCG) #1 and household member (HM) #1 – No Fieldprint results.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The future plan is to review the clearances and set up reminders in the licensee's google calendar at least a month prior to the expiration date of said clearances.</p> <p>I obtained Fieldprint result for SCG #1 and HM #1 on</p> <p>Copy attached.</p>	<p>06/01/2023</p> <p>06/15/2023</p>

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	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> SCG #1 and HM #2 – No current annual physical exam.</p> <p>Please submit a copy with your plan of correction (POC).</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The future plan is to review the clearance and set up reminders in the licensee's google calendar at least a month prior to the expiration date.</p> <p>I obtained physical exam for SCG # 1 and HM # 2 on 06/01/2023 and 05/27/2023, respectively.</p> <p>Copy attached.</p>	<p>SCG # 1 06/01/2023</p> <p>HM # 2 05/27/2023</p>

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<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> SCG #1 and HM #2 – No current annual physical exam. Please submit a copy with your plan of correction (POC).</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The future plan is to review the clearance and set up reminders in the Licensee's google calendar at least a month prior to the expiration date.</p> <p>I obtained physical exam for SCG # 1 and HM # 2 on 06/01/2023 and 05/27/2023, respectively. Copy attached.</p>	<p>SCG # 1 06/01/2023</p> <p>HM # 2 05/27/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #2 – No initial/2 step tuberculosis clearance.</p> <p>Please submit a copy with your POC.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #2's second copy of the tb clearance was accidentally taken out of the binder thinking it was expired.</p> <p>The future plan is for the licensee to be extra careful and sure in excluding documents in the binder. Result was filed in the binder. Copy attached.</p> <p>I will review all clearances at least a month before the inspection I will remind caregivers to update their clearances.</p>	09/18/2023

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #2 – No initial/2 step tuberculosis clearance.</p> <p>Please submit a copy with your POC.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>SCG #2 is second copy of the TB clearance was accidentally taken out of the binder thinking it was expired.</p> <p>The future plan is for the licensee to be extra careful and sure in excluding documents in the binder. Result was filed in the binder. Copy attached.</p> <p>I will review all clearances at least a month before the inspection.</p> <p>I will remind caregivers to update their clearances.</p>	05/18/2023

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 – No First Aid certification. Please submit a copy with your POC.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG # 1 underwent the training in order to obtain First Aid certification. The future plan is to review the clearance and set up reminders in the google calendar at least a month prior to the expiration date.</p> <p>I obtained First Aid certification for SCG #1 See attached.</p>	05/29/2023

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 – No First Aid certification. Please submit a copy with your POC.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>SCG #1 underwent the training in order to obtain First Aid certification. The future plan is to review the clearance and set up reminders in the google calendar at least a month prior to the expiration date.</p> <p>I obtained First Aid certification for SCG #1 see attached.</p>	<p>05/29/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #1 – No cardiopulmonary resuscitation certification.</p> <p>Please submit a copy with your POC.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #1 underwent the training in order to obtain the cardiopulmonary resuscitation certificate.</p> <p>The future plan is to review the clearance and set up reminders in the google calendar at least a month prior to the expiration date.</p> <p>I obtained a copy. Please see attached.</p>	05/29/2023

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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><u>FINDINGS</u> A box of Raid Ants Bait was stored in an unlocked cabinet in residents' bathroom #2. Removed by Primary Care Giver (PCG) during inspection.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>The licensee and the SCG's will keep all toxic chemicals including the Raid Ants bait be properly stored in locked cabinets.</p> <p>I will check the environment when I clean at night daily.</p>	<p>05/17/2023</p>

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<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><u>FINDINGS</u> A box of Raid Ants Bait was stored in an unlocked cabinet in residents' bathroom #2. Removed by Primary Care Giver (PCG) during inspection.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Licensee will keep all toxic chemicals including the Raid Ants bait be properly stored in locked cabinets.</p> <p>I will check the environment when I clean at night daily.</p>	<p>05/17/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> No record that smoke detectors were tested.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>The future plan is that the Licensee will set up monthly reminders in the google calendar for the smoke detectors be checked and tested.</p>	<p>05/12/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Insect droppings are seen inside the bedside drawer in resident bedroom #2.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The drawer was wiped, cleaned and sanitized. The table has never been used as there has never been a client yet. My apologies for the neglect but for sure everything will be clean before a client be placed.</p> <p>To maintain the cleanliness inside and outside the home, it will be subjected to regular scheduled cleaning and pest control management.</p> <p>I will clean at night everyday.</p>	05/17/2023

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Resident's bedroom #1 is used by SCG. SCG's belongings were stored in the room.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The room was cleared of any personal belongings of the SCG. The SCG have a room upstairs. All belongings are brought upstairs as well.</p>	<p>05/20/2022</p>

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Licensee's/Administrator's Signature: *ASadio*

Print Name: OLIVIA D. SADIO

Date: 08/05/2023