

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Ed &amp; Rose</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-1112 Kahuailani Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: July 20, 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  
OFFICE OF HEALTH CARE ASSURANCE  
STATE LICENSING SECTION

23 SEP 15 P 1:58

	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><b><u>FINDINGS</u></b>  Primary care giver: No documented evidence of annual physical exam.</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;">Physical Exam was obtained  on July 31, 2023.  It is now on file</p>	<p style="text-align: center;">7/31/2023</p> <p style="text-align: right;">23 SEP 15 P1 58</p>

STATE OF MARYLAND  
DEPARTMENT OF HEALTH  
STATE LIAISON

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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> Primary care giver: No documented evidence of annual physical exam.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future i will make an Advance Appointment to Kaiser Permanente so in case they will cancell my appt. then i still have enough time before my physical &amp; TB clearance expired</p> <p>I will make/create a notebook intended as a reminder for future Appointment for all caregivers physical exam, &amp; TB clearance</p>	<p style="text-align: center;">7/31/2023</p> <p style="text-align: right;">23 SEP 15 P1:58</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE ENGINEERING</p>

	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><u>FINDINGS</u>  Resident #1: Diet order of "Low sugar/low carb diet". No documented evidence special diet is being provided.</p>	<p style="text-align: center;">PART 1</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;">M  <del>Attestation form was added</del></p> <p>I made a menu for a low sugar  low carb diet for Resident # 1</p>	<p style="text-align: center;">7/30/2023</p> <p style="text-align: right;">23 SEP 15 P1:58</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  BOH-0102A  STATE UNDERWRITER</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) 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>FINDINGS</b> Resident #1: Diet order of "Low sugar/low carb diet". No documented evidence special diet is being provided.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future i will make a menu according to physician's orders .</p> <p>I'll put a reminders on the resident's binder / folder for me not to forget about it .</p> <p>I will put on resident # 1 menu that it is low sugar - low carb diet</p>	<p style="text-align: center;">8/5/23</p> <p style="text-align: center;">23 SEP 15 P1:58</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOR-812A STATE LICENSE</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><b><u>FINDINGS</u></b> Primary care giver: No documented evidence of annual tuberculosis clearance.</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;">Attestation form was made on 7/31/23 and it is now on file</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-BNCA STATE LICENSING</p>	<p style="text-align: center;">7/31/2023</p> <p style="text-align: right;">23 SEP 15 P1 58</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> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b>FINDINGS</b> Resident #3: admission of resident not documented on general register.</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;"><i>I filled up the resident register for Resident # 3 on 7/20/2023</i></p>	<p style="text-align: center;"><i>7/20/2023</i></p> <p style="text-align: center;">23 SEP 15 P1:58</p> <p style="text-align: center;">STATE OF HAWAII DH-CPSA STATE LICENSING</p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><b><u>FINDINGS</u></b> Resident #2, Resident #3: Two (2) non-self preserving residents in ARCH. only one care giver present at beginning of inspection.</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 style="text-align: right;">23 SEP 15 P 1 58</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DOH-CIDR STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (e) Resident living areas shall be designed and equipped for the safety, comfort, and privacy of the resident;</p> <p><b><u>FINDINGS</u></b> Resident #3: Bedroom does not have a door.</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;">the door was installed on 7/22/2023</p>	<p style="text-align: center;">7/22/23</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b><u>FINDINGS</u></b> Large hole in door of bathroom #1.</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;">The hole was fixed on 7/22/23 change the entire door with a new one.</p>	<p style="text-align: center;">7/22/23</p> <p style="text-align: right;">23 SEP 15 P 1 58 STATE OF MARYLAND MHI-6111 A STATE LICENSING</p>

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Licensee's/Administrator's Signature: *J. Ramos*

Print Name: Rosalinda Ramos

Date: 9/12/2023

STATE OF HAWAII  
DOH-080-A  
STATE LICENSING

23 SEP 15 P1 57