

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: MSI ARCH/Expanded ARCH	CHAPTER 100.1
Address: 99-603 Alia Place, Aiea, Hawaii 96701	Inspection Date: May 25, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

JUN 22 P 1:15

	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>FINDINGS Household Member (HHM)#1 – Need evidence of initial tuberculosis (TB) clearance (two-step).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">6/22/23</p> <p style="text-align: right;">73 JUN 22 P1:15</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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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>FINDINGS Household Member (HHM)#1 – Need evidence of initial tuberculosis (TB) clearance (two-step).</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>① I have created a binder for each personnel, staffing and family member residing providing care at MSI ARCH/E-ARCH</p> <p>② I developed a checklist for all the requirements. Refer to Attachment (A).</p> <p>3. Two months before the Annual re-licensing month (May) I will use the checklist to ensure all the requirements are in the binder and they are current</p>	<p>6/22/23</p> <p style="text-align: right;">73 JUN 22 P 1:15</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS Substitute Care Givers (SCG) #1, #2, and #3 – No documented evidence of Primary Care Giver (PCG) training.</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>I have trained my substitute caregivers (SCG) #1, #2 and #3 but I did not document it. However, starting immediately I will document every training I give to my substitute caregivers. Refer to attachment (B)</i></p>	<p style="text-align: right;"><i>6/10/23</i></p> <p style="text-align: right;">73 JUN 22 P 1:14</p> <p style="text-align: right;">STATE OF HAWAII DH-CHCA STATE LICENSING</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>FINDINGS Resident #1 – Physician’s order for “Glucerna PO 1 can TID” is non-standard. They type of Glucerna is needed.</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>Effective immediately, Glucerna PO 1 can TID will be transcribed as a part of the Medication Administration Record (MAR). Refer to attachment (c)</i></p>	<p><i>6/8/23</i></p> <p style="text-align: right;">23 JUN 22 P 1:14</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

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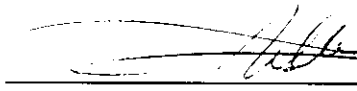
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	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – On 6/2/22 and renewed on 10/5/22, 1/4/23, and 2/8/23 Physician ordered, “Glibizide 5mg 1 tab PO BID before meals, hold if FBS is less than 110 or if the patient is not eating after. This should be given right before meals.”</p> <p>On the following dates, per the medication administration record (MAR), medication was administered when it should have been held:</p> <p>5/23/22: Fasting Blood Sugar (FBS) – 104 2/24/23: FBS - 100</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>I will do the following procedures.</i></p> <ol style="list-style-type: none"> <i>1. Do the Blood Sugar fasting before meals.</i> <i>2. Record the result on the Blood Sugar monitoring sheet.</i> <i>3. If the result of the BS Test is below 100, I will immediately record on the MAR by writing the time and circling it to indicate that the medication was withheld.</i> 	<p style="text-align: center;">6/22/23</p> <p style="text-align: center;">73 JUN 22 P1:13</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p>FINDINGS Resident #1 – There was no Physician's order for FBS tests written during this inspection period (5/2022 – 5/2023).</p> <p>Renew every 4 months with other medications, treatments, and supplements.</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>Refer to attachment (D). Please note that BID original order for the ps testing has been change to just. I will ensure that there will always be an order for every medication, procedure, treatment, etc. For this deficiency, I want to obtain a physician's order. Refer to attachment (D)</i></p>	<p style="text-align: right;"><i>6/1/23</i></p> <p style="text-align: right;">73 JUN 22 P 1:13</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

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Licensee's/Administrator's Signature:



Print Name:

MARCELO IBERA

Date:

6/22/23

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JUN 22 P 1:13