

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: RJ Santiago ARCH & E-ARCH	CHAPTER 100.1
Address: 94-571 Loaa Street, Waipahu, HI 96797	Inspection Date: July 21, 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
HEALTH CARE LICENSING DIVISION
STATE LICENSING

23 SEP -8 AM 0:30

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (a)(2) General operational policies of an ARCH or expanded ARCH shall be submitted by the applicant in writing to the department prior to licensure and shall include, but shall not be limited to:</p> <p>Types of services to be provided to residents which at minimum shall include activities of daily living:</p> <p>FINDINGS When it is deemed appropriate for a resident to self-administer their own insulin by Physician's order, the care home is required to develop Policies and Procedures pertaining to the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proper storage, maintenance, testing, and cleaning of the glucometer. <input type="checkbox"/> Proper storage of insulin and any associated supplies. <input type="checkbox"/> How the care home will monitor and document the resident's self-administration, ensuring resident is administering the correct dose. Plan must include who is responsible for doing the monitoring and documenting. <input type="checkbox"/> How the care home will monitor and document the self-testing of blood sugar (if applicable). The policy must include who is responsible for the monitoring and documenting. <input type="checkbox"/> How the care home will maintain proper sharps disposal. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The deficiency was corrected by developing Policies and Procedures that addresses the resident who self-administer their own insulin. The policies and procedures will include the list of items to the left of the page.</p>	<p style="text-align: center;">9/7/23</p> <p style="text-align: right;">23 SEP -8 11:03:30 <small>STATE OF HAWAII DEPARTMENT OF HEALTH STATE OF HAWAII</small></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH;</p> <p>FINDINGS When it is deemed appropriate for a resident to self-administer their own insulin by Physician's order, the care home is required to have documented evidence of training for all care givers provided by a Registered Nurse or Physician/APRN on the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proper storage, maintenance, testing, and cleaning of the glucometer. <input type="checkbox"/> Proper storage of insulin and any associated supplies. <input type="checkbox"/> Proper monitoring and documentation of the resident's self-administration, ensuring resident is administering the correct dose. <input type="checkbox"/> Proper monitoring and documentation of the self-testing of blood sugar (if applicable). <input type="checkbox"/> Proper sharps disposal. <input type="checkbox"/> Signs and symptoms of hypo/hyper glycemia. <input type="checkbox"/> Proper response by care givers upon observation of signs and symptoms of hypo/hyper glycemia. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I have consulted with a Registered nurse to provide the training for myself and my substitute caregivers. We completed the training on 9/5/23</i></p>	<p style="text-align: center;"><i>9/7/23</i></p> <p style="text-align: center;">23 SEP -8 AM 30</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSES</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p>FINDINGS Resident #1 – 4/3/23 Physical exam states "regular" diet, however, resident is diagnosed with DMII and is on two different insulins. Please clarify with new diet order that resident does not require a diabetic diet with justification. OR have Physician/APRN order resident a diabetic diet.</p>	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Diet order has been clarified with the physician and MD wrote his justification why resident can be on regular diet.</i></p>	<p style="text-align: center;"><i>8/12/23</i></p> <p style="text-align: right;">23 SEP -8 AM 0:30 STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-15 <u>Medications</u>. (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p>FINDINGS Resident #1 – Resident must self-administer insulin unless it is administered by a registered nurse.</p> <ul style="list-style-type: none"> • Documented evidence declaring that resident, family, legal guardian or surrogate, case manager, primary care giver feel that it is safe for resident to self-administer insulin is required. • Physician's order is also required for resident to self-administer their own insulin provided Physician deems it is appropriate. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY? YES</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Documented evidence has been by the family, resident + caregiver that it is safe for resident to administer her own insulin.</p> <p>Physician has an order for self resident to self administer her own insulin</p>	<p style="text-align: center;">8/29/23 8/29/23</p> <p style="text-align: center;">8/12/23</p> <p style="text-align: center;">23 SEP -8 AMO:30</p> <p style="text-align: center;">STATE OF HAWAII BOB OROTA STATE LICENSING</p>

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Licensee's/Administrator's Signature: Juliet Santiago

Print Name: JULIET SANTIAGO

Date: 9/7/2023

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

23 SEP -8 AIO:30