

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Eden Lei's	CHAPTER 100.1
Address: 94-1095 Lumiaina Street, Waipahu, Hawaii 96797	Inspection Date: April 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
DEPARTMENT OF HEALTH
STATE LICENSING

23 OCT 27 P1:37

	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</p> <p>1. Substitute Care Giver (SCG) #1 – 2023 fieldprint background check result is red light determination. Per Primary Care Giver (PCG) SCG #1 has already submitted documents to file for exemption.</p> <p>2. SCG #2 – No 2023 fieldprint background check results.</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>SCG # documents for exemption request submitted 10/5/23</p> <p>SCG #2 Field print completed</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: right;">10/6/23</p> <p style="text-align: right;">23 OCT 27 P 1:38</p>

	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><u>FINDINGS</u></p> <p>1. Substitute Care Giver (SCG) #1 – 2023 fieldprint background check result is red light determination. Per Primary Care Giver (PCG) SCG #1 has already submitted documents to file for exemption.</p> <p>2. SCG #2 – No 2023 fieldprint background check results.</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 style="text-align: center;">Posted a reminder to notify staff 90 days prior to inspection month which clearances are due including Fieldprint and any exemptions that need to be applied for.</p>	<p style="text-align: center;">10/27/23</p> <p style="text-align: right;">23 OCT 27 P 1:38</p>

	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 #2 - No documented evidence of annual physical exam signed by physician or APRN.</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 style="text-align: center;">SCG # 2 Evidence of annual PE on file dated 4/29/23</p>	<p style="text-align: center;">8/10/23</p> <p style="text-align: center;">23 AUG 17 P1:50</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH 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> (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 #2 – No documented evidence of annual physical exam signed by physician or APRN.</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>Emma Luisa, is working with FH they only need TB screening, to ensure for this not to happen again we will give her reminder at ^{45 days} month prior to my due date and ask (provide) her Dr to use DOT form too</p>	<p>8/10/23</p> <p style="text-align: right;">23 AUG 17 P1:50</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA 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> (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 #2 – No documented evidence of current CPR/1st Aid certification.</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>SCG # 2 CPR / 1st Aid on file dated 9/17/22 Expire 9/2024</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOR-CHCA STATE LICENSING</p>	<p>8/10/23</p> <p style="text-align: right;">23 AUG 17 P1 50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 #2 – No documented evidence of current CPR/1st Aid certification.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Triamcinolone Cream and Thera Fungal Powder located in bathroom vanity cabinet, unsecured.</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>1) Triamcinolon cream Thera Fungal Powder are already in a locked cabinet</p>	<p style="text-align: right;">8/10/23</p> <p style="text-align: right;">23 AUG 17 P 1 50</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Triamcinolone Cream and Thera Fungal Powder located in bathroom vanity cabinet, unsecured.</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 style="text-align: center;">to ensure that this won't happen again 1) always double check after use that it will go back to locked cabinet 2) use sticker for reminder</p>	<p style="text-align: right;">8/10/23</p> <p style="text-align: right;">23 AUG 17 P 1 50</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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><u>FINDINGS</u> Resident #1 – November 2022 Medication Administration Record (MAR) lists “Daily Vite multivit. 1T via gt daily”, however, there is no physician/APRN order available for review.</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 style="text-align: center;">the go medication has been dc</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: right; font-size: large;">10/27/22</p> <p style="text-align: right;">23 OCT 27 P1:38</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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><u>FINDINGS</u> Resident #1 – November 2022 Medication Administration Record (MAR) lists “Daily Vite multivit. 1T via gt daily”, however, there is no physician/APRN order available for review.</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>To ensure that this wont happen again 1) next time doctor will prescribe, write down in a clean paper, write the name for who the order, the order name of Doctor ordering and date, the next appointment will let them sign. 2) will use sticker for a reminder to ask them to sign so it wont happen again.</p>	<p style="text-align: center;">8/10/22</p> <p style="text-align: right;">23 AUG 17 P1 49 STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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><u>FINDINGS</u> Resident #1 – On 11/18/22 Physician ordered:</p> <p>“Acetaminophen 325mg tab take 2 tabs via G-tube every four ours PRN fever or pain”. Medication does not appear on the December 2022 MAR, no discontinue order available for review.</p> <p>On 11/18/22 Physician ordered “Lactinex 100 million cell granules packet take 1 packet via peg tube three times a day with meals if administering via feeding tube mix with 30ml water and let dissolve for 15 mins”. Medication does not appear on the December 2022 MAR, no discontinue order available for review.</p> <p>On 11/18/22 Physician ordered “Lactinex 100 million cell granules packet take 1 packet via peg tube three times a day with meals if administering via feeding tube mix with 30ml water and let dissolve for 15 mins”, however on November 2022 MAR medication is written to administer 3 to 4 times per day.</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 style="text-align: center; font-size: 2em; font-family: cursive;">all meds has been dc</p>	<p style="text-align: right; font-size: 1.5em; font-family: cursive;">10/27/22</p> <div style="text-align: right; font-size: 0.8em;"> <p>23 AUG 17 P1:49</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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><u>FINDINGS</u> Resident #1 – On 11/18/22 Physician ordered: “Acetaminophen 325mg tab take 2 tabs via G-tube every four ours PRN fever or pain”. Medication does not appear on the December 2022 MAR, no discontinue order available for review.</p> <p>On 11/18/22 Physician ordered “Lactinex 100 million cell granules packet take 1 packet via peg tube three times a day with meals if administering via feeding tube mix with 30ml water and let dissolve for 15 mins”. Medication does not appear on the December 2022 MAR, no discontinue order available for review.</p> <p>On 11/18/22 Physician ordered “Lactinex 100 million cell granules packet take 1 packet via peg tube three times a day with meals if administering via feeding tube mix with 30ml water and let dissolve for 15 mins”, however on November 2022 MAR medication is written to administer 3 to 4 times per day.</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 style="text-align: center;"> <i>To ensure this won't happen again I will write down all acting med and have MD sign at MD appt → make sure to document any meds that need to be dc</i> </p>	<p><i>8/10/23</i></p> <p style="text-align: right;">23 AUG 17 P1:49</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – The following medication were not written completely on the November 2022 MAR and were written as shown below:</p> <ol style="list-style-type: none"> 1. "Lidocaine relief patch" 2. "Acetaminophen" 3. "Fiber source HN" 	<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 style="text-align: center; font-size: 1.5em;">I have made correction to the MAR</p> <p style="text-align: right; font-size: 0.8em;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>	<p style="font-size: 1.5em;">10/27/22</p> <p style="text-align: right; font-size: 0.8em;">'23 OCT 27 P1:38</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – The following medication were not written completely on the November 2022 MAR and were written as shown below:</p> <ol style="list-style-type: none"> 1. "Lidocaine relief patch" 2. "Acetaminophen" 3. "Fiber source HN" 	<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 will write down as ordered (Lidocaine 4% P/mid patch du^o)</p> <p>② double check MAR so will not happened again</p> <p>③ assign one of the SCG to double check MAR</p>	<p>5/11/23</p> <p style="text-align: right;">23 JUL 11 AM 31</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-15 <u>Medications</u>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 – The following medications did not have signed physician/APRN orders available for review. A telephone or verbal order was necessary:</p> <ol style="list-style-type: none"> 1. Start order for “Gentamicin sul 0.1% ointment apply to affected area around G-tube twice a day for two weeks”. 2. Discontinue order for “Furosemide 20mg tab 1 tab via PEG tube daily. Hold if systolic blood pressure < 100”. 	<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 style="text-align: center;"><i>these meds has been discontinued</i></p>	<p style="text-align: right;"><i>10/29/23</i></p> <p style="text-align: right;">23 JUL 11 AM 8:31</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH-OHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-15 <u>Medications</u>, (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 – The following medications did not have signed physician/APRN orders available for review. A telephone or verbal order was necessary:</p> <ol style="list-style-type: none"> 1. Start order for "Gentamicin sul 0.1% ointment apply to affected area around G-tube twice a day for two weeks". 2. Discontinue order for "Furosemide 20mg tab 1 tab via PEG tube daily. Hold if systolic blood pressure < 100". 	<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>Resident #1 1) when a DR order medication through the telephone will write down name of client, med, date, name of who ordering, will ask them to sign next appt. 2) when a DR discontinue medication write down the name of the client, name of DR ordering, date, ask them to sign at next appt 3) Use a sticker for reminder so it won't happened again</p>	<p>5/11/23</p> <p style="text-align: right;">23 JUL 11 AM 8:31</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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><u>FINDINGS</u> Resident #1 – Emergency information is incomplete and outdated.</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>Resident # 1 Emergency information is complete and updated.</p>	<p>#127/23</p> <p>23 JUL 11 18:31</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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><u>FINDINGS</u> Resident #1 – Emergency information is incomplete and outdated.</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 style="text-align: center;">Posted a reminder to update Emergency Inf anytime changes are made to Res Inf.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPT. OF SOCIAL SERVICES STATE LICENSING</p>	<p style="text-align: center;">10/27/22</p> <p style="text-align: right;">23 OCT 27 P 1:38</p>

Licensee's/Administrator's Signature: *Editha L. Galagac*

Print Name: Editha L. Galagac

Date: 5/11/20

23 JUL 11 A8:31
STATE OF HAWAII
DOH-ORCA
STATE LICENSING

Licensee's/Administrator's Signature: Editha L Galacgac
Print Name: Editha L Galacgac
Date: 10/27/23

STATE OF HAWAII
BOH-000001
STATE LICENSING

23 OCT 27 P1:38