

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ellazar, Estella (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 17162 Ipuaiwaha Street, Keaau, Hawaii 96749	Inspection Date: July 17, 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.

23 AUG 28 P12:05
STATE OF HAWAII
DOH-SLSCA
STATE LICENSING

	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>FINDINGS Primary care giver: No documented evidence of annual physical exam.</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>Yes, the deficiency was corrected. 08/07/23 The physical exam was done 08/07/23. paperwork received and filled appropriately.</p> <p style="text-align: right;">STATE OF HAWAII BOH-DHCA STATE LICENSING</p>	<p style="text-align: center;">23 AUG 28 P12:05</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> Primary care giver: No documented evidence of annual physical exam.</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 avoid this issue in the future, I will develop a checklist with due dates for all caregivers, to complete the physical and review my list monthly. Alerts will be given to all caregivers, to include myself, one month ahead of deadline.</p>	<p style="text-align: center;">8/07/23</p> <p style="text-align: right;">23 AUG 28 P12:05</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>§11-100.1-13 <u>Nutrition.</u> (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><u>FINDINGS</u> Resident #2: No documented evidence of annual diet order.</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>Yes, this deficiency was corrected. order obtained per MD 08/11/2023 Regular Diet - Regular (No specific consistency)</p>	<p style="text-align: center;">08/11/2023</p> <p style="text-align: center;">'23 AUG 28 P12:05</p> <p style="text-align: center;">STATE OF HAWAII BOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (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><u>FINDINGS</u> Resident #2: No documented evidence of annual diet order.</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 avoid this issue in the future, orders recapped annually will be done on an order sheet that will list:</p> <p>Diet: Activity: Allergies: Treatments and Meds:</p> <p>All order sheets will be given to the MD with these at the top of the order sheet, annually. If not completed, MD will be contacted for clarification and completeness of orders. I will also include a copy of the current orders for the physician.</p>	<p style="text-align: right;">8/11/23</p> <p style="text-align: right;">23 AUG 28 PM 12:05</p>

STATE OF HAWAII
DH-GHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (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><u>FINDINGS</u> Resident #3: No documented evidence of annual diet order.</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>Yes, this deficiency was corrected. The diet order was obtained from the physician on 08/11/2023 Diet Regular - chopped consistency</p>	<p>08/11/2023</p> <p style="text-align: right;">23 AUG 28 PM 12:05</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (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><u>FINDINGS</u> Resident #3: No documented evidence of annual diet order.</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 avoid this issue in the future, orders recapped annually will be done on an order sheet that will list:</p> <p>Diet: Activity: Allergies: Treatments and Meds:</p> <p>All order sheets will be given to the MD with those at the top of the order sheet, annually. If not completed, MD will be contacted for clarification and completeness of orders. I will also include a copy of the current orders for the physician.</p>	<p style="text-align: center;">8/11/23</p> <p style="text-align: center;">23 AUG 28 PM 2:05</p> <p style="text-align: center;">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> (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> Resident #2, Resident #5: Polyethylene glycol unlocked in cart located in kitchen.</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;">Yes, deficiency was corrected, Medication was immediately placed in the appropriate lock up medication cart.</p>	<p style="text-align: center;">7/18/23</p> <p style="text-align: center;">23 AUG 28 P12:05</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</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> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS Resident #5: Admission assessment incomplete. Not signed by primary care giver and resident/guardian.</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>Yes, admission assessment was reviewed by the POA and the caregiver and was signed by the family and the primary caregiver. 08/16/2023</p>	<p style="text-align: right;">08/16/2023</p> <p style="text-align: right;">23 AUG 28 P12:04</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII OFFICE OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #5: Admission assessment incomplete. Not signed by primary care giver and resident/guardian.</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 avoid this issue, the checklist for admission requirements will be added a check for all signatures to be completed by all required parties.</p>	<p style="text-align: right;">8/16/23</p> <p style="text-align: right;">'23 AUG 28 P12:04</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>§11-100.1-84 <u>Admission requirements.</u> (b)(1) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>A current physician's report on the expanded ARCH resident's physical examination and diagnosis, including mental, functional, and behavioral status;</p> <p>FINDINGS Resident #5: Physical exam on file dated forty-nine (49) days after admission.</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: center;"><i>Unable to correct after the fact. See future plan.</i></p>	<p style="text-align: right;">'23 AUG 28 P12:04</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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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> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS Height of resident's not recorded in monthly height and weight log.</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>Yes, this deficiency was corrected. Residents' height was measured and documented accordingly. 08/01/2023</p>	<p style="text-align: right;">08/01/2023</p> <p style="text-align: right;">23 AUG 28 P12:04</p> <p style="text-align: right;">STATE OF HAWAII DOSH/OHCA STATE LICENSING</p>

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Licensee's/Administrator's Signature: Estela Ellazar

Print Name: ESTELA ELLAZAR

Date: 8/24/2023

23 AUG 28 P12:04
STATE OF HAWAII
DQH-DHCA
STATE LICENSING