Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aiea Residential Care LLC	CHAPTER 100.1
Address: 99-122 Pooholua Drive, Aiea, Hawaii 96701	Inspection Date: June 27, 2023 Initial

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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. 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:	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	
	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; FINDINGS Substitute Care Giver (SCG) #3 – No Fieldprint result. Available result was dated 2/3/2021.	Yes. SCG Amy Domingo was notified to obtain an updated fingerprint record for current year, 2023. She had recieved the green light determination on 8/1/23. An electronic reminder is set for 2024 fingerprinting. see attached for future POC.	8/1/23

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	
	FINDINGS SCG #1 and #2 – Physical exam was completed but the form used was for a household member and non-direct care giver. Please submit a copy with your plan of correction (POC).	Yes. The appropriate physical exam form was completed and filed for SCG #1 and #2. See attached in POC.	7/1/23

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	
	FINDINGS SCG #1 and #2 – Physical exam was completed but the form used was for a household member and non-direct care giver. Please submit a copy with your plan of correction (POC).	Initially SCG #1 & #2 were not added as substitutes on the initial application. However, once they met requirements for SCG, the correct PE form was identified, completed, & filed. PCG/SCG forms will be separated from household member with a tab. caregiver files will be evaluated yearly & updated if neccessary.	7/1/23

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #3 – There was a filled tuberculosis symptoms screening form available. But there was no evidence of PPD skin test positive and chest x-ray negative result.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	
	Please submit a copy of PPD skin test and chest x-ray results with your POC.	Yes-the DOH clearance certificate was obtained. An updated CXR with negative TB result obtained & filed for SCG#3. See POC attached.	8/1/23

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(G) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system; **FINDINGS** No record that smoke detectors were tested in May 2023.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** A reminder (electronic) has been set for monthly smoke detector tests.	7/2023

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Licensee's/Administrator's Signature: [signature]

Print Name: Michelle Catto

Date: 7/26/23

Licensee's/Administrator's Signature: [signature]

Print Name: Michelle Catto

Date: 9/13/23

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