

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Jessie's E-ARCH | CHAPTER 100.1 |
| Address: 94-1591 Waipahu Street, Unit A, Waipahu, Hawaii 96797 | Inspection Date: June 14, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

23 JUL -7 AIO:16

| | 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 Substitute Care Giver (SCG) #1, #2, #3, #4, #5, Household member (HM) #1 – No Fieldprint 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>Fingerprinting for Fieldprints are done on 6/27 for PCG, SCG #3, SCG #4 SCG #5, HH #1. SCG #1 has completed fingerprinting at 6/28 and are currently awaiting results. SCG #2 has scheduled an appointment on 7/17/23.</p> <p><i>Result for SCG # 2 Has been obtained.</i></p> | <p>7/06/23</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">23 NOV-9 A9:53</p> <p>7/19/23</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">23 JUL-7 10:16</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| ☒ | <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> Substitute Care Giver (SCG) #1, #2, #3, #4, #5, Household member (HM) #1 – No Fieldprint 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;">In my new file binder, I created a to-do list that I will review on the first of each month to ensure that all required documents are up to date. If any of the documents are expired or missing, I will notify my substitute caregivers to secure needed documents as soon as possible.</p> | <p style="text-align: center;">7/06/23</p> |

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

23 JUL -7 AM:16

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§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.</p> <p>FINDINGS SCG #2 – No current annual physical exam.</p> <p>Please submit a copy with your plan of correction (POC).</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 notified SCG #2 regarding this deficiency. The annual physical exam is obtained and filed into the PCG's binder.</p> <p style="text-align: center;"><i>see attached copy that was submitted.</i></p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p style="text-align: center;">23 NOV -9 A9:53</p> | <p>7/06/23</p> <p>11/9/23</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: center;">23 JUL -7 AM:16</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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 current annual physical exam.</p> <p>Please submit a copy with your plan of correction (POC).</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> <p>In order to prevent this mistake, I created a to-do list binder that I will check on a monthly basis. Checking the to-do list binder on a monthly basis will set a reminder of when I need to contact SCG's of important documentation.</p> | <p>7/06/23</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right;">23 JUL -7 AM 1:16</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS SCG #3 and #4 – No first aid certification.</p> <p>Please submit a copy with your POC.</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;">First Aide Certification for SCG #3 and #4 is obtained and filed into PCG's binder.</p> <p style="text-align: center;"><i>pls. see attached copy - submitted</i></p> | <p>7/06/23</p> <p>11/9/23</p> |

STATE OF HAWAII
 DEPARTMENT OF HEALTH
 STATE LICENSING
 NOV - 9 9:53 AM '23

STATE OF HAWAII
 DEPARTMENT OF HEALTH
 STATE LICENSING

23 JUL - 7 AM :15

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #3 and #4 – No first aid certification.</p> <p>Please submit a copy with your POC.</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;">As a reminder, I will review my to-do list binder on a monthly basis of the important documents that are needed. In addition to that, I will contact the substitute caregivers as soon as possible on documents that they need to obtain.</p> <div style="text-align: right; margin-top: 20px;"> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> </div> | <p style="text-align: center;">7/06/23</p> <p style="text-align: center; margin-top: 100px;">23 JUL -7 AMO :15</p> |

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| <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 #3 and #4 – No cardiopulmonary resuscitation certification.</p> <p>Please submit a copy with your POC.</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 #3 and SCG #4 CPR certification obtained and filed into PCG's binder.</p> <p style="text-align: center;"><i>see attached copies that were submitted</i></p> | <p style="text-align: center;">7/06/23</p> <p style="text-align: center;">23 NOV -9 A 9:53</p> <p style="text-align: center;">11/9/23</p> <p style="text-align: center;">23 JUL -7 A 10:15</p> |

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| <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 #3 and #4 – No cardiopulmonary resuscitation certification.</p> <p>Please submit a copy with your POC.</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'll make sure to review my to-do list binder monthly so that the necessary documents are not missed. I will give reminders to my SCG's to receive needed documents as soon as possible before documents expire.</p> | <p style="text-align: center;">7/06/23</p> <p style="text-align: right;">23 JUL -7 AM 1:15 STATE OF HAWAII DOH-ORCA STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> The lunch menu contained a banana, but one tangerine was given instead. No menu substitution recorded.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> | <p>7/06/23</p> <p>23 JUL -7 AM 0:15</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> The lunch menu contained a banana, but one tangerine was given instead. No menu substitution recorded.</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'll update the menu by including a substitution menu section if the currently listed meal is unavailable. In the substitution menu, those food items will be similar to the main menu.</p> <p style="text-align: center;"><i>Substitute caregivers were trained to document menu substitution. Menu posted in the Fridge.</i></p> | <p style="text-align: center;">23 NOV -9 A9:53</p> <p style="text-align: center;">11/9/23</p> <p style="text-align: center;">23 JUL -7 A10:15</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> The columns of the two (2) thermometers in the kitchen refrigerator were separated. The temperature was not measured accurately.</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;">A new thermometer was already obtained and placed inside the kitchen refrigerator (inside the refrigerator shelf) and is in good working condition.</p> | <p>7/06/23</p> |

STATE OF HAWAII
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23 JUL -7 AM:15

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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> The columns of the two (2) thermometers in the kitchen refrigerator were separated. The temperature was not measured accurately.</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;">On a weekly basis, I will check to make sure that all thermometers inside of the kitchen refrigerator maintain the temperature of 45°F or lower and functioning properly.</p> <p style="text-align: center;"><i>substitute caregivers were trained as well to make sure that kitchen fridge maintained @ 45°F or lower & functioning well</i></p> | <p style="text-align: center;">7/06/23</p> <p style="text-align: center;">23 NOV -9 A9:52</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">11/9/23</p> <p style="text-align: center;">23 JUL -7 A10:15</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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><u>FINDINGS</u> Resident #1 – Physician’s notes dated 11/9/2023 stated “3x Antibiotic Ointment Twice daily” for left shoulder abrasion. Per medication administration record (MAR), the medication was discontinued on 11/26/2022 when it was resolved. No discontinuation order received. Current order no longer includes the medication.</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;">23 JUL -7 AM 0:15 STATE OF HAWAII DOH-DHCA STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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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><u>FINDINGS</u> Resident #1 – Physician’s notes dated 11/9/2023 stated “3x Antibiotic Ointment Twice daily” for left shoulder abrasion. Per medication administration record (MAR), the medication was discontinued on 11/26/2022 when it was resolved. No discontinuation order received. Current order no longer includes the medication.</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;">On a daily basis, I will check and review my “To do list binder,” (MAR) Physician’s order to ensure that each medication’s have PCP’s order. I will also educate the substitute caregivers to check each medications have the PCP’s orders. I will consult with PCP and notify that injury is already resolved and ask for discontinuation order.</p> | 7/06/23 |

STATE OF HAWAII
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| <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 notes dated 11/9/2023 stated “3x Antibiotic Ointment Twice daily” for left shoulder abrasion. Per MAR, Bacitracin was given to the resident. The name of the medication was not clarified. The medication was discontinued on 11/26/2022.</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: center;">7/06/23</p> <p style="text-align: right;">23 JUL -7 AM :15 STATE OF HAWAII DOH -DHCA STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 Medications. (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 notes dated 11/9/2023 stated “3x Antibiotic Ointment Twice daily” for left shoulder abrasion. Per MAR, Bacitracin was given to the resident. The name of the medication was not clarified. The medication was discontinued on 11/26/2022.</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 prevent future error. I will consult with PCP to request for discontinuation order if medication is no longer needed by resident and/or report to the doctor that injury is healed.</p> <p style="text-align: center;"><i>I will review medication order every 2 weeks, to make sure it's not missed out + contact ASAP w/in 24 hrs. if the medication no longer needed.</i></p> | <p style="text-align: center;">7/06/23</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: center;">11/9/23</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> |

23 NOV -9 A9:52



23 JUL -7 A10:15

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| <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 – Menthol Salicylate 10-15% top cream PRN was listed in MAR starting on 11/16/2022. There was no physician’s order to start the medication. Current order includes the medication.</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;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> | <p style="text-align: center;">7/06/23</p> <p style="text-align: right;">23 JUL -7 AMO :15</p> |

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| <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 – Menthol Salicylate 10-15% top cream PRN was listed in MAR starting on 11/16/2022. There was no physician's order to start the medication. Current order includes the medication.</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>I called the PCP's office immediately on 6/15/23 and requested the Physicians' order on the Salicylate 10-15% top cream PRN. The document is filed in the residents chart. To avoid future error, I will review PCP's order, and make sure matches with my MAR, I will consult and clarify for any orders with PCP if documents doesn't match and /or missing.</p> <p><i>I will review medication, doctor's every two weeks to make nothing missed, & call them, with 24 hrs. for completeness</i></p> | <p>7/06/23</p> <p style="text-align: right;">23 NOV -9 A9:52</p> <p style="text-align: right;">11/9/23</p> <p style="text-align: right;">23 JUL -7 A10:14</p> |

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| <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><u>FINDINGS</u> Resident #1 – Physician’s order includes Menthol Salicylate 10-15% top cream, apply small amount topically 4x day as needed for back pain. No medication was available at home.</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;">This medication was ordered 11/15/22 Menthol Salicylate 10-15% top cream apply small amount topically 4x a day as needed for back pain. However, the resident has not been using it. The doctor’s office was notified regarding this deficiency. On 6/15/23, I obtained PCP s order documents from the PCP’s office. A discontinuation order was entered on 3/16/23. The residents’s MAR was updated.</p> | <p>7/06/23</p> <p style="text-align: right;">   </p> |

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| <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><u>FINDINGS</u> Resident #1 – Physician’s order includes Menthol Salicylate 10-15% top cream, apply small amount topically 4x day as needed for back pain. No medication was available at home.</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 will review resident’s medicine’s list on a daily basis and as needed along with checking the medicine cabinet/bin to ensure medications are readily available. I will apply for Elation passport so that I can readily access resident’s medical information and keep me up to date so nothing can be missed. I will notify POA of resident to give me permission for Elation passport</p> | <p style="text-align: center;">7/06/23</p> <div style="text-align: right;"> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>29 JUL -7 AMO:14</p> </div> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1 – General medication order was received on 3/6/2023 and 10/31/2022. No record that medication reviewed and signed by physician every four (4) months.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>7/06/23</p> <p>23 JUL -7 10:14 STATE OF HAWAII DOH-OHCA STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – General medication order was received on 3/6/2023 and 10/31/2022. No record that medication reviewed and signed by physician every four (4) months.</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>Moving forward, I will ensure that the general medication order list is reviewed by PCP every four months or as needed. The PCP's progress notes will include instructions to when to return to the clinic such as in 4-6 months and as needed. I will also ask PCP during visits a copy of progress notes and plan of care.</p> <p><i>I will make an appointment right after each doctor's office visit</i></p> | <p>7/06/23</p> <p style="text-align: center;">23 NOV -9 A9:52</p> <p style="text-align: center;">11/9/23</p> <p style="text-align: center;">23 JUL -7 AM:14</p> |

STATE OF HAWAII
DOH-ORCA
STATE LICENSING



STATE OF HAWAII
DOH-ORCA
STATE LICENSING

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <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 – Medication list in Emergency Information sheet is not up to date.</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;">Medication list in emergency information sheet is updated.</p> | <p style="text-align: center;">23 JUL -7 AM 14</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <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 – Medication list in Emergency Information sheet is not up to date.</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 will make it a priority to follow the monthly chart to ensure that it is updated and current. In addition, I included the monthly chart in my to-do list so that this discrepancy would not occur again.</p> | <p style="text-align: center;">7/06/23</p> <p style="text-align: right;"> STATE OF HAWAII DOH-ONCA STATE LICENSING </p> <p style="text-align: right; transform: rotate(90deg);"> 23 JUL -7 AMO:14 </p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|---|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> "Admitted from" in Permanent Resident Register not recorded for five (5) current residents.</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;">I corrected the deficiency by filling the document with the proper information of where the resident admitted from.</p> | <p style="text-align: center;">7/06/23</p> <div style="text-align: right; margin-top: 20px;"> <p>23 JUL -7 AM-14</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> </div> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> "Admitted from" in Permanent Resident Register not recorded for five (5) current residents.</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 will include the admission packet in my to-do list packet and review every month so that this deficiency will not be missed in the future. I will be more mindful to fill up all necessary documents upon admission to make sure that all pertinent information are complete.</p> | <p style="text-align: center;">7/06/23</p> <p style="text-align: right;">23 JUL -7 AMO:14 STATE OF HAWAII DHP-ORCA STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – No financial agreement.</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;">Financial agreement document already signed by POA and filed into residents chart.</p> | <p style="text-align: center;">7/06/23</p> <p style="text-align: right;">   </p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – No financial agreement.</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'll make sure to review the admission checklist and that all document needs are signed by the family and or the POA. I included the admission checklist in my to-do list binder which I will check every month as needed.</p> | <p style="text-align: center;">7/06/23</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right;">23 JUL -7 AM:14</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p>FINDINGS One of two (2) exits was obstructed with a foldable room divider and sofa. Corrected during inspection.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>7/06/23</p> <p style="text-align: right;"> <small>STATE OF HAWAII DOH-OHCA STATE LICENSING</small> 23 JUL -7 AM:14 </p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> One of two (2) exits was obstructed with a foldable room divider and sofa. Corrected during inspection.</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 will ensure that all exits are cleared of any obstructions to maintain a safe path at all times. I also instructed my substitute caregivers to make sure, that exits sign are not obstructed.</p> | <p style="text-align: center;">7/06/23</p> <div style="text-align: right; margin-top: 20px;"> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>23 JUL -7 AM:14</p> </div> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(C) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each Type I ARCH shall have a written plan for the safe care and evacuation of residents to areas of refuge in case of emergency. This plan shall be reviewed, and updated as necessary, whenever there is a significant change in the physical or mental condition of a resident or whenever a new resident enters the facility. All personnel shall be instructed in their respective duties in carrying out this plan. The written plan with directional diagrams shall be posted in a conspicuous location within the facility;</p> <p><u>FINDINGS</u> Posted floor map not reflecting newly added residents' bedrooms.</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 posted floor map now reflects newly added residents' bedroom and are posted on the hallway near the residents' bedroom.</p> | <p style="text-align: center;">7/06/23</p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p style="text-align: center;">23 JUL -7 AM:14</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(C) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each Type I ARCH shall have a written plan for the safe care and evacuation of residents to areas of refuge in case of emergency. This plan shall be reviewed, and updated as necessary, whenever there is a significant change in the physical or mental condition of a resident or whenever a new resident enters the facility. All personnel shall be instructed in their respective duties in carrying out this plan. The written plan with directional diagrams shall be posted in a conspicuous location within the facility;</p> <p><u>FINDINGS</u> Posted floor map not reflecting newly added residents' bedrooms.</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;">If there is a significant change in the floor map plan such as the newly added residents' bedroom, I will update these change as soon as possible to ensure that this deficiency does not occur again.</p> | <p style="text-align: center;">7/06/23</p> <p style="text-align: right;"> 23 JUL -7 AM:14 STATE OF HAWAII DOH-OHCA STATE LICENSING </p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> A metal cowbell with handle was used in resident bedroom #1 downstairs. Care givers reside upstairs.</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;">Electronic bell was already provided in resident's bedroom #1 and is in good working condition and within the resident's reach.</p> | <p>7/06/23</p> <p style="text-align: right;">23 JUL -7 AMO:14 STATE OF HAWAII DDH-OHCA STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> A metal cowbell with handle was used in resident bedroom #1 downstairs. Care givers reside upstairs.</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 doesn't happen again, I will place an electronic signaling device that is within patient's reach, and available at all times. I will also remind substitute caregivers before leaving the resident's room to check the electronic signaling system is in good working condition.</p> | <p>7/06/23</p> <p style="text-align: right;">23 JUL -7 10:14 STATE OF HAWAII DOH-DHCA STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p>FINDINGS Only no-splash bleach was available to sanitize the dishes.</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>I removed the no splash bleach and replaced it with chlorine bleach to sanitize dishes and utensils.</p> | <p>7/06/23</p> <p>23 JUL -7 AMO:14</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Only no-splash bleach was available to sanitize the dishes.</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 will see to it that regular chlorine bleach is readily available at all times. I will also read the label currently to avoid error.</p> | <p style="text-align: center;">7/06/23</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> |

23 JUL -7 AMO :14


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| <input checked="checked" type="checkbox"/> | <p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Care Plan does not address a nutritional deficit. Diagnosis includes B12 deficiency.</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;">I notified CM regarding their deficiency to make careful reviews on the care plan, and to make the corrections accordingly.</p> <p style="text-align: center;"><i>Care plan made my care manager & filed into patient's chart</i></p> | <p style="text-align: right;">7/06/23 STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right;">23 NOV-9 A 9:52</p> <p style="text-align: right;">23 JUL-7 AM 1:14 STATE OF HAWAII DOH-DHCA STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Care Plan does not address a nutritional deficit. Diagnosis includes B12 deficiency.</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 will collaborate more with CM and review the care plan during monthly home visits to ensure that residents' care plan is properly documented and coincides with the residents' diagnosis.</p> | <p style="text-align: center;">7/06/23</p> <p style="text-align: right;">23 JUL -7 AM 14 STATE OF HAWAII DOH-DHCA STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p>FINDINGS Resident #1 – No documented evidence that care plan was reviewed monthly.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>7/06/23</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>23 JUL -7 AMO :13</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence that care plan was reviewed monthly.</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>I will collaborate with CM during her home visit to double check resident's chart to make sure it is being properly documented after reviewing resident's care. I will include in my to-do list binder to review care plan if there is some documents that are missing, and I will notify the CM for completeness.</p> | <p style="text-align: center;">7/06/23</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: center;">23 JUL -7 AMO :13</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1 – No case manager's record for May 2023 visit.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">I notified the CM about the deficiency. I required a copy for May 2023 home visit notes from CM, and filed into resident's chart.</p> | <p style="text-align: center;">7/06/23</p> <p style="text-align: right;"> <small>STATE OF HAWAII DOH-ONCA STATE LICENSING</small> 23 JUL -7 NO:13 </p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1 – No case manager's record for May 2023 visit.</p> | <p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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 will work alongside with the CM in reviewing the chart during her monthly home visit to make sure all CM documents are complete. I will notify CM ASAP if something is missing.</p> | <p style="text-align: center;">7/06/23</p> <p style="text-align: right;">  STATE OF HAWAII DON-ORCA STATE LICENSING </p> <p style="text-align: right; font-size: small;">23 JUL -7 NO:13</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p>FINDINGS Resident #1 – Case manager's monthly visit notes stated "Provide low salt and low-fat diet. Limit sweets and sugary foods." The resident is on a regular diet.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">I called the CM regarding this deficiency and I reminded her to review resident's current diet order, should coincide with PCP's order on her future documentation.</p> <p style="text-align: center;"><i>Case manager's notes already updated.</i></p> | <p>7/06/23</p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p>11/9/23</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> |

23 NOV -9 AM 9:51

23 JAN -7 AM 1:13

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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p>FINDINGS Resident #1 – Case manager's monthly visit notes stated "Provide low salt and low-fat diet. Limit sweets and sugary foods." The resident is on a regular diet.</p> | <p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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 prevent this deficiency from recurring, I will collaborate with CM, to make sure her documents coincide with PCP's order. I included this into my to-do list binder for my monthly review, to make sure every documents are correct and notify CM ASAP.</p> | <p>7/06/23</p> <p style="text-align: right;"> <small>STATE OF HAWAII DOH-OHCA STATE LICENSING</small> 23 JUL -7 AMO:13 </p> |


| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p>FINDINGS Resident #1 – No record that six (6) month comprehensive assessment due in September 2022 and March 2023 was completed.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">I notified the CM regarding this deficiency and required her of her missing documents. I obtained these documents and filed into resident's binder. I</p> | <p style="text-align: center;">7/06/23</p> <p style="text-align: right;"> <small>STATE OF HAWAII DOH-OHCA STATE LICENSING</small> </p> <p style="text-align: right; color: blue;">23 JUL -7 AMO 1:13</p> |

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Licensee's/Administrator's Signature: 

Print Name: JESSIE VILLANUEVA

Date: 7/6/2023

 11-9-2023

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

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STATE OF HAWAII
DOH-DHCA
STATE LICENSING

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