

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Klare ARCH	CHAPTER 100.1
Address: 1067 Ala Lilikoi Street, Honolulu, Hawaii 96818	Inspection Date: May 2, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> SCG #1 – No current annual tuberculosis clearance.</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>Yes, went to Lanakila on 5/3/23. CXRAY done. Result dated 5/8/23 hereto attached.</i></p>	<p><i>5/8/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> SCG #1 – No current annual tuberculosis clearance.</p> <p>Please submit a copy with your plan of correction (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>Mark on Calendar for reminder 2 weeks before due date.</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p>FINDINGS Resident #2 is on Cardiac diet, regular texture, thin liquids, 1500 fluid restriction. No menu for the special diet.</p> <p>Please submit a copy of a cardiac diet menu 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>→ Yes, emailed and called DOTT Dietician Ms. Anette Jackson to clarify what menu to prepare for Cardiac Diet, per Dietician follow Heart Healthy Diet guidelines. Regular menu emailed to Dietician for review, per Dietician Regular Menu was following Heart Healthy Diet except for the meat section that need to be serve only 3x/wk.</p> <p>→ Called resident daughter and discussed plan of care regarding Diet, resident's daughter & siblings decided to D/C cardiac Diet and change to Regular Diet since resident is 103% w/ POLST of Comfort Measures only.</p> <p>→ MD order obtained 5/8/23 to Discontinue Cardiac Diet and Change to Regular Diet.</p>	<p style="text-align: center;">5/8/23</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Resident #2 is on Cardiac diet, regular texture, thin liquids, 1500 fluid restriction. No menu for the special diet.</p> <p>Please submit a copy of a cardiac diet menu 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>Consult DOH Dietician to clarify what guidelines to follow in Cardiac Diet.</i></p>	<p style="text-align: center;"><i>1-11-06</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Resident #2 – Diet order is Cardiac diet, regular texture, thin liquids, 1500 fluid restriction. Regular diet was served for lunch.</p>	<p style="text-align: center;">PART 1</p> <p><i>For resident requiring special diet post Meau and consult Doh Nutritionist for recommended dietary guidelines.</i></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;">10/11/16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2 – Diet order is Cardiac diet, regular texture, thin liquids, 1500 fluid restriction. Regular diet was served for lunch.</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>Consult DOA Dietician prior to admission for recommended dietary guidelines.</i></p>	<p style="text-align: center;">2/11/12</p>

	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 #1 -Acetaminophen 325mg bottle was labeled with resident's name but did not have administration instruction. -Melatonin 3mg bottle did not have a label.</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, bought stickers and properly labeled over the counter meds with patient name, drug dosage and Frequency.</p>	<p style="text-align: right;">7/14/23</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – All medication given via PEG tube. There are orders to give it via PEG tube but no order to crush the pills and open capsules.</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, called MD office on 5/3/23 to obtained order to crush meds. MD signed order on 5/15/23 after returning from leave.</p>	<p style="text-align: center;">5/15/23</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 #2 – The most recent order dated 3/31/2023 is “Lansoprazole 30mg, take 1 tablet every 12 hours via PEG tube for 30 days.” Per MAR, the medication is given as current after 30 days. Please clarify with physician.</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>Yes, order Clarified with MD, order obtained 5/9/23 to give it indefinitely. No order on file to D/C Meds, Resident has been on this meds since 4/27/22 with no noted side effects.</i></p>	<p style="text-align: center;"><i>5/9/23</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Resident #1 – Discontinued Meclizine 12.5mg Tablet, give 12.5mg via G-tube every 6 hours as needed for dizziness for 14 days is stored with current medication.</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, discontinued meds stored in separate space of cabinet that is locked.</p>	<p style="text-align: right;">6/20/18</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 #1 – No record that Primary Care Giver (PCG)'s admission assessment was not done at readmission on 3/27/2023 after hospitalization.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><i>Late Charting for readmission assessment done</i></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>5/3/23</i></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> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 – There was a filled “Resident Admission Medical and Personal History” form with physician’s signature, but not dated.</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>No correction done.^{EU}</p> <p>Please attached highlighted field. Physician wrote the date on the right side of signature as 11/15/22.</p> <p>Yes, confirmed with facility date written 11/15/22. Per staff that's how MD write.</p>	<p style="text-align: center;">11/15/22</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> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #2 – Resident is on 1500ml fluid restriction. Fluid intake is recorded daily as “DAY,” “EVE,” “NIGHT” and initialed. But the amount of fluid taken by the resident not recorded.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><i>Order rewritten with amount of fluid taken every shift and totalled in 24 hours.</i></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>11/14/08</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> White correction tape used in "Primary Caregiver and Substitute Caregiver Training" and "Fire Drill Record" forms.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><i>When correcting error, use acceptable way by making horizontal line, write the correct word and initial.</i></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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> White correction tape used in "Primary Caregiver and Substitute Caregiver Training" and "Fire Drill Record" forms.</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>Teach substitute Caregivers the acceptable way of correcting errors on patient records by drawing a single line through the incorrect entry then initial the entry and write above the incorrect portion. I will review records every two (2) weeks.</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-18 <u>Recreational, rehabilitative programs, and social services.</u> (h)(1) The primary care giver shall arrange or provide means of transportation for residents for:</p> <p>Visits to physician, APRN and other medical providers;</p> <p><u>FINDINGS</u> One (1) current resident not recorded in Permanent Resident Register.</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>Yes, added the name and other information of readmitted patient on resident register.</i></p>	<p style="text-align: center;"><i>5/3/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-18 <u>Recreational, rehabilitative programs, and social services.</u> (h)(1) The primary care giver shall arrange or provide means of transportation for residents for:</p> <p>Visits to physician, APRN and other medical providers;</p> <p><u>FINDINGS</u> One (1) current resident not recorded in Permanent Resident Register.</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>Now I know that I have to record information of readmitted resident on Resident's Register.</i></p>	

Licensee's/Administrator's Signature: Emma Cabote

Print Name: EMMA CABOTE

Date: JUNE 21, 2023

Licensee's/Administrator's Signature: Emma Cabote

Print Name: EMMA A. CABOTE

Date: AUGUST 21, 2023

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23 JUN 21 10:15