

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Ugalino ARCH</b>	<b>CHAPTER 100.1</b>
<b>Address: 1017 Ehoeho Avenue, Wahiawa, Hawaii 96786</b>	<b>Inspection Date: September 14, 2023 Annual</b>

**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  
HCS-500A  
STATE LICENSING

23 OCT -2 P1:35

	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><b>FINDINGS</b>  Substitute Care Giver (SCG) #1 – No current physical examination assessment done by physician or advanced practice registered nurse (APRN).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Yes I did correct my deficiency for my substitute care giver physical Examination was done on August 14, 2023. copy of Physical Examination is enclosed.</i></p>	<p style="text-align: right;"><i>9/29/2023</i></p> <p style="text-align: right;">23 OCT -2 P1:35</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  HCS-SCGA  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><b><u>FINDINGS</u></b>  Substitute Care Giver (SCG) #1 – No current physical examination assessment done by physician or advanced practice registered nurse (APRN).</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will prevent from similar deficiency to <sup>check</sup> on all caregivers for their up to date on their Physical Examination. I will use the requirements checklist to remind me when Physical Examination is due for me and my substitute caregiver.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  SEA-GRS  STATE LICENSING</p>	<p style="text-align: right;"><i>9/29/2023</i></p> <p style="text-align: right; font-size: small;">23 OCT -2 P1:35</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><b><u>FINDINGS</u></b> SCG #1 – No current tuberculosis (TB) assessment done by physician or advanced practice registered nurse (APRN).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Yes I corrected the TB assessment. TB test was done on August 14, 2023. I enclosed the copy of TB assessment for my SCG#1.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH-0150 STATE LICENSING</p>	<p style="text-align: right;"><i>9/29/2023</i></p> <p style="text-align: right;">23 OCT -2 P1:35</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><b><u>FINDINGS</u></b> SCG #1 – No current tuberculosis (TB) assessment done by physician or advanced practice registered nurse (APRN).</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will prevent from similar deficiency to check on all caregivers for their up to date on TB tests assessments. I will use the requirement checklist to remind me when TB test assessment is due for substitute caregiver.</i></p>	<p style="text-align: right;"><i>9/29/2023</i></p> <p style="text-align: right;">23 OCT -2 P 1:35</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH STATE LICENSING</p>

	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><b><u>FINDINGS</u></b> Resident #2, and Resident #3 – No current annual tuberculosis assessment.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Yes I did correct residents #2 [REDACTED] TB test was done on Sept. 28, 2023. Yes I corrected the deficiency on Sept. 28, 2023 for residents #3 [REDACTED]</i></p>	<p style="text-align: right;"><i>9/29/2023</i></p> <p style="text-align: right;">23 OCT -2 P1 35</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF HEALTH SERVICES STATE HEALTH DEPARTMENT</p>

	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><b>FINDINGS</b> Resident #2, and Resident #3 – No current annual tuberculosis assessment.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will prevent from similar deficiency to check on all my residents for their up to date TB test to be done on time.</i></p> <p><i>I will use the requirements checklist to remind me of when my resident TB test is due for all my residents.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSES DIVISION</p>	<p style="text-align: right;"><i>9/29/2023</i></p> <p style="text-align: right;">23 OCT -2 P1:35</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b>FINDINGS</b> Resident #2 – Monthly progress notes for April 2023 did not document resident's hospitalization related to changes in her mental condition.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">23 OCT -2 P1 35</p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b>FINDINGS</b> Resident #2 – Monthly progress notes for April 2023 did not document resident's hospitalization related to changes in her mental condition.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will prevent from similar deficiency to do a monthly notes for my resident everytime they will go hospital and document changes on their mental condition. I will post a note to remind me when I do my monthly notes.</i></p> <p style="text-align: right;"><i>9/29/2023</i></p> <p style="text-align: right; font-size: small;">STATE OF NEW HAMPSHIRE GOVERNMENT STATE LICENSING</p>	<p style="text-align: center;">23 OCT -2 P1:35</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b>FINDINGS</b> Resident #1 – No monthly progress notes for August 2023.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>23 OCT -2 P1:35</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No monthly progress notes for August 2023.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will prevent from similar deficiency to do a monthly progress notes to all of my residents. I will use <del>my</del> the requirement checklist to remind me of when to do my monthly progress notes.</i></p>	<p style="text-align: right;"><i>9/29/2023</i></p> <p style="text-align: right;"><b>23 OCT -2 P1:35</b></p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT 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> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b>FINDINGS</b>            Resident #5 – Resident was admitted to hospital on 3/16/23 for psychosis after the psychiatrist contacted crises hotline during resident's routine appointment. Resident was hospitalized for 7 days and readmitted back to care home on 3/23/23. No documented evidence of an incident report.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII            BOH-68124            STATE LICENSING</p>	<p style="text-align: center;">23 OCT -2 P 1:35</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>  Resident #5 – Resident was admitted to hospital on 3/16/23 for psychosis after the psychiatrist contacted crises hotline during resident's routine appointment. Resident was hospitalized for 7 days and readmitted back to care home on 3/23/23. No documented evidence of an incident report.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will prevent from similar deficiency to document in my incident report for a resident who is hospitalized and admitted to the hospital. I will use the requirements checklist to remind me and document any incident happen.</i></p> <p style="text-align: right; font-size: small;">STATE OF IOWA  DOH - SAC A  STATE LICENSING</p>	<p style="text-align: right;"><i>9/29/2023</i></p> <p style="text-align: right;">23 OCT -2 P 1:35</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b>FINDINGS</b>  Resident #2 – Resident was hospitalized from 4/16/23 to 4/19/23 for delirium/psychosis. No documented evidence of an incident report.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;">STATE OF TENNESSEE  DEPARTMENT OF REVENUE  STATE LICENSING</p>	<p style="text-align: center;">23 OCT -2 P 1 :35</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b>FINDINGS</b>            Resident #2 – Resident was hospitalized from 4/16/23 to 4/19/23 for delirium/psychosis. No documented evidence of an incident report.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will prevent from similar deficiency to document in my incident report to resident who is hospitalized and document any incidents happen.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII        BOH-ENR-A        STATE LICENSING</p>	<p style="text-align: right; font-size: large;"><i>9/29/2023</i></p> <p style="text-align: right; font-size: small;">23 OCT -2 P1:35</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b>FINDINGS</b> Resident #2, #3, #4, and #5 – No current inventory of belonging. Last recorded inventory completed in 2019.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>yes I corrected <sup>the</sup> <del>my</del> inventory belonging for residents # 2, #3 #4 and #5 on Sept. 15, 2023.</i></p>	<p style="text-align: right;"><i>9/29/2023</i></p> <p style="text-align: center;">23 OCT -2 P 1:35</p> <p style="text-align: center;">STATE OF HAWAII DENISE H. BISHOP STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b>FINDINGS</b> Resident #2, #3, #4, and #5 – No current inventory of belonging. Last recorded inventory completed in 2019.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will prevent from similar deficiency to do the inventory belonging for all residents on time. I will use the requirement checklist to remind me or to document on the inventory belonging to all my residents.</i></p>	<p style="text-align: right;"><i>9/29/2023</i></p> <p style="text-align: right;">23 OCT -2 P1:35</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH - 601-A STATE LICENSING</p>

Licensee's/Administrator's Signature: Josefina Ugalino

Print Name: Josefina Ugalino

Date: 9/29/2023

STATE OF GUAM  
DH-011-A  
STATE LICENSING

23 OCT -2 P1:35