

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Acervea ARCH 1, LLC	CHAPTER 100.1
Address: 94-462 Alapine Street, Waipahu, Hawaii 96797	Inspection Date: November 8, 2023 Initial

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

24 FEB 15 P1:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1, #2, and Household member (HM) #1 – No current 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>The day after the inspection I checked on the physical exam. of SCG#1, And I have the copy and placed it on the home binder. I called SCG#2 for her PE and said its done so I picked up the following day. HM #1 had scheduled PE on the 20th of this month. And today physical exam of NM #1 is obtained.</p> <p style="text-align: center;"><i>copy is submitted</i></p>	<p style="text-align: center;">11/20/2023</p> <div style="text-align: right;"> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>24 FEB 15 P1:11</p> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <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 – Negative chest x-ray result (7/24/2013) and negative symptoms screening (7/24/2023) were available. There was no evidence that PPD was positive. Thus, no initial tuberculosis (TB) clearance.</p> <p>SCG #2 – No initial TB clearance.</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>The day after the department visit, I called Lanakila asking a copy of initial TB test result of SCG #1. So initial TB test result was obtained and it is positive. I also pick up initial TB clearance of SCG #2 on this day at their house</p> <p><i>Copy is submitted</i></p>	<p>11/09/2023</p> <p style="text-align: right;">24 FEB 15 P1:12</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DON-ORCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> There were prefilled Primary Care Giver (PCG) and SCG training forms (4 sets) with PCG's signature, but person trained was not recorded. Thus, there is no record that PCG trained SCG #1, #2, and #3 to make prescribed medication available to residents.</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>In November 10 I conducted my simple training to SCG #1 and signed the form. The following day I conducted also my training to SCGs #2, #3, and #4 respectively and they signed the forms.</p>	<p>11/11/2023</p> <p style="text-align: right;">24 FEB 15 P1:12</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII Dept. of Health STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDINGS</u> No record that two (2) current residents received orientation for emergency procedures.</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>Right after the department left, I called the attention of the two residents and gave them orientation regarding emergency procedures like; where the exit doors in case of fire, where is the evacuation area, and what to do if they hear a smoke alarm. That they should remain calm, stay in their room and wait for my instructions in case there is a plan for emergency evacuation or other civil emergencies in our environment or within the facility. <i>The action taken was documented.</i></p>	<p style="text-align: center;">11/08/2023</p> <p style="text-align: center;">24 FEB 15 P1:12</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> Lunch menu includes “Water Cress” and “Avocado.” Broccoli was provided instead. No menu substitution recorded.</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;">24 FEB 15 P 1:12</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Medication cabinet was not locked upon department arrival. The key was attached to the keyhole.</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>Right after the department left, I already locked the cabinet, took out the key and keep it in safe.</p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 15 P1:12</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</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 – PCG stated that morning medication was given at 9am today. Dosing time was recorded as 8am in medication administration record (MAR).</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;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: right;">24 FEB 15 P 1:12</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – No plan of care and activities schedule.</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>The following day after the department visit, I already developed and implemented a plan of care for resident #1. I reviewed it with the resident the care and activities, write her name on the form and my name on the legend being the caregiver and placed it on resident's binder.</p>	<p>11/09/2023</p> <p style="text-align: right;">24 FEB 15 P 1:12 STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – “Resident Admission Medical and Personal History” form was signed and dated by physician on 9/14/2023. Physician noted “see attached H&P.” The attached document did not included information for standard physical exam.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Couple of days after the department visit, I called the physician asking favor to complete the Resident Admission Medical and Personal History. The physician is on vacation leave for three weeks so I was not able to get response. After few days, I called again and physician is still out. Yesterday I called again and faxed the documents to be completed. And today I was able to obtain via fax the completed forms.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ODHA STATE LICENSING</p>	<p>11/21/2023</p> <p style="text-align: right; font-size: small;">24 FEB 15 P 1:12</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – “Resident Admission Medical and Personal History” form was signed and dated by physician on 9/14/2023. Physician noted “see attached H&P.” The attached document did not included information for standard physical exam.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To make sure that this will not happen again before I will admit a resident check first if the Resident Admission Medical and Personal History including information for standard physical exam is completely filled up by a physician.</p> <p><i>I will review all documents within one week admission, if anything is missing, I will contract doctor or family within 24 hours.</i></p>	<p style="text-align: center;">11/21/2023</p> <p style="text-align: right;"> STATE OF HAWAII Division of STATE LICENSING 24 FEB 15 P 1:12 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #2 – PCG stated that weight and height were taken at admission on 11/3/2023. But there was no record available for weight and height at admission.</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>Height and weight measurement was already taken during the admission of resident #2 but caregiver was unable to record in the resident's binder but instead recorded it in a scratch paper. So right after the department left, caregiver filled up the form, the height and weight of resident #2 and placed it on the resident's binder.</p>	<p style="text-align: center;">11/08/2023</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH/ OHCA STATE LICENSING</p> <p style="text-align: right; font-size: x-small;">24 FEB 15 P 1:13</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #2 – PCG stated that weight and height were taken at admission on 11/3/2023. But there was no record available for weight and height at admission.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure that this will not happen again, caregiver should take the height and weight of the resident upon admission and fill up the form in the binder right after taking it. Caregiver should have a lists of the things she gonna do during admission day, so that nothing is left undone. And if there is something undone caregiver will make sure to do it the soonest time possible.</p> <p><i>I will review all documents within one week of admission. I will complete the record as needed.</i></p>	<p>11/08/2023</p> <p style="text-align: right;">STATE OF HAWAII DOH-08CA STATE LICENSING</p> <p style="text-align: right;">24 FEB 15 P 1:13</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><u>FINDINGS</u> Resident #1 – No October 2023 progress notes.</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-ORCA STATE LICENSING</p> <p>24 FEB 15 P1:13</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><u>FINDINGS</u> Resident #1 – No October 2023 progress notes.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure that this will not happen again I will do my progress notes more often if I need to and a monthly basis. I will do my documentation immediately everytime I had an observation or any changes in the condition of my residents.</p> <p style="text-align: center;"><i>Review the progress ^{notes} at least once a month at the end of the month. Pen I will document as needed.</i></p>	<p style="text-align: center;">11/10/2023</p> <p style="text-align: center;">24 FEB 15 P1:13</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORICA 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><u>FINDINGS</u> Resident #1 – Physician’s notes dated 9/28/2023 stated “Monitor BP, keep 120/70-140/90.” BP was recorded on a scratch paper, as 10/24/2023 is 104/94 and 10/17/2023 is 139/95. Resident’s response to medication and action taken were not recorded in progress notes.</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 DHF-ORCA STATE LICENSING</p> <p>24 FEB 15 P 1:13</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><u>FINDINGS</u> Resident #1 – Physician’s notes dated 9/28/2023 stated “Monitor BP, keep 120/70-140/90.” BP was recorded on a scratch paper, as 10/24/2023 is 104/94 and 10/17/2023 is 139/95. Resident’s response to medication and action taken were not recorded in progress notes.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure that this will not happen again I'll make sure that blood pressure should be checked at a regular time everyday and record it in the residents binder, and make sure that I will also record the resident's response to medication on the progress notes monthly.</p> <p><i>I created BP log sheet and filed it in the residents binder. BP check is scheduled to be done before dinner.</i></p>	<p style="text-align: center;">11/10/2023</p> <p style="text-align: right; vertical-align: bottom;"> <small>STATE OF HAWAII DOH-ORCA STATE LICENSING</small> 24 FEB 15 P1:13 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – PCG’s name was recorded in MAR, but legend for the initial was not recorded.</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>Right after the department left, I checked my resident's binder on the MAR and put my initial on the legend.</p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 15 P 1:13</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOJH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – PCG’s name was recorded in MAR, but legend for the initial was not 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>In future recording of entries I'll make sure that I will put my initial on the legend in order to know if who was the one giving the medication and also I will orient it to SCG who will give medication to residents.</p> <p><i>I will review MAR monthly at the end of the month. I will update as needed.</i></p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 15 P 1:13</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – Emergency Information sheet was filled partially. No medication list recorded on the form.</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>The day after the department visit resident #1 Emergency Information Sheet was already filled completely. Medication list was also recorded on the form.</p>	<p style="text-align: center;">11/09/2023</p> <p style="text-align: center;">24 FEB 15 P 1:13</p> <p style="text-align: center;">STATE OF HAWAII DHF-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – Emergency Information sheet was filled partially. No medication list recorded on the form.</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>In future admission of resident caregiver will make sure that Emergency Information Sheet will be reviewed to the resident and family and filled the form completely including lists of medications, so that in case of emergency cases happen, emergency contact is readily available to the EMS and to physician in the emergency.</p> <p><i>I will use admission checklist to prepare Emergency Information sheets. I will review it after each doctor's appointment and update as needed.</i></p>	<p>11/10/2023</p> <p style="text-align: right;">24 FEB 15 P 1:13</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</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> "Religion" in permanent resident register was not recorded for two (2) 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>The following day after the department visit caregiver asked the residents if what is their religion and recorded it in the permanent resident register.</p>	<p style="text-align: center;">11/09/2023</p> <p style="text-align: center;">24 FEB 15 P 1:13</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</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> "Religion" in permanent resident register was not recorded for two (2) 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>For future admission of resident caregiver will make sure to include religion as part of the pertinent questions during admission and make sure to record it. Caregiver will make sure to complete the permanent register form.</p>	<p>11/09/2023</p> <p style="text-align: right;">24 FEB 15 P1:13</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s notes dated 9/28/2023 stated “Monitor BP, Keep 120/70-140/90.” BP was not taken daily.</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-OHCA STATE LICENSING</p> <p>24 FEB 15 P 1:13</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s notes dated 9/28/2023 stated “Monitor BP, Keep 120/70-140/90.” BP was not taken daily.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure this will not happen again caregiver will take the blood pressure of resident everyday at a regular time basis as ordered by a physician/APRN and after taking the blood pressure, record it on the resident's binder.</p> <p><i>I trained substitute caregiver to take BP at scheduled time.</i></p>	<p>11/10/2023</p> <p style="text-align: right;">24 FEB 15 P 1:13</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><u>FINDINGS</u> Resident #1 – No signed care home policy.</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>Upon my admission to resident #1, I already reviewed to the family the policy of the home and it was being signed by the family and gave them a copy but I did not place a copy on the resident's binder. So the day after the department visit I already placed the home policy on the resident's binder and it was already signed by the resident.</p>	<p>11/10/2023</p> <p style="text-align: right;">24 FEB 15 P1:13</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><u>FINDINGS</u> Resident #1 – No signed care home policy.</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>Prior to or at the time of admission caregiver will make sure to include the review of policies and procedures to resident and resident's family and make sure they will sign after reading it to them and a copy of the home policy should be placed on the resident's binder.</p> <p><i>I will use admission checklist to remind myself to have resident/family signed the policy.</i></p>	<p>11/10/2023</p> <p style="text-align: right;">24 FEB 15 P 1:13</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

Licensee's/Administrator's Signature: Imelda A Vea

Print Name: Imelda A Vea

Date: Nov 21, 2023

2/15/24

STATE OF HAWAII
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24 FEB 15 P 1:13