

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ai ARCH	CHAPTER 100.1
Address: 1329 Ala Aolani Street, Honolulu, Hawaii 96819	Inspection Date: December 6, 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 LICENSING
JUN 24 10 24 AM '24
P2.07

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(1) 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> Primary Caregiver (PCG), Substitute Caregiver (SCG) #1,2 – Current FieldPrint clearance unavailable for review.</p> <p>Submit a current copy with plan of correction.</p>	<p style="text-align: center;">PLAN OF CORRECTION</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>I have updated the Field Print clearance. I have completed for self. and substitute care giver.</i></p> <p><i>see Attach</i></p>	<p style="text-align: center;"><i>1/22/24</i></p> <p style="text-align: right;">24 JAN 22 P2:08</p> <p style="text-align: right; font-size: small;">STATE OF OHIO STATE LICENSING</p>

	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><u>FINDINGS</u> Primary Caregiver (PCG), Substitute Caregiver (SCG) #1,2 - Current FieldPrint clearance unavailable for review.</p> <p>Submit a current copy with plan of correction.</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 make sure to check Annually our FieldPrint to make sure is current.</p> <p>to prevent from not happening again Both my self and caregivers will Double check on a monthly basis. Field print date due date for PCG and SCGS have been entered into calendar.</p>	<p>1/22/24</p> <p>24 JAN 22 P2:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident #1-3 – Level of care evaluated by physician as "ARCH" level; however, PCG reports residents are expanded level of care and subsequently, receiving case management services. Level of care illegitimately determined by facility and does not reflect physicians evaluation.</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>Resident # 3, 1 Level of care Re Assist by Doctor. Level of care is Arch. case Manager services Discontinue.</p> <p>Resident # 2 Level of care Re Assist And Expanded. Case Manages Services Continue.</p>	<p>11/22/24</p>

JAN 22 P2 08

STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Cycle menu being utilized only contains three (3) weeks of menus</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;">4 Week Cycle Menu Created see Attach</p> <p style="text-align: right;">STATE LICENSING JAN 22 2 24 PM '24</p>	<p style="text-align: center;">1/22/24</p> <p style="text-align: right;">24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Cycle menu being utilized only contains three (3) weeks of menus</p> <p>STATE LICENSING STATE OF CONNECTICUT JAN 22 2:08 PM '24</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 Post the Reminder Notes on Refrigerator for staff to check for a week cycle menu is posted in every Sunday.</p>	<p>1/22/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Cycle menus include the same entrees each week.</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 submitted 4 week Cycle menu to DHCA Diet Dietitian DHCA for Review.</p> <p style="text-align: center;">See Attach</p>	<p style="text-align: center;">11/28/24</p>

JAN 22 P 2:08

STATE OF NEW JERSEY
DEPARTMENT OF
STATE LICENSING

24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Cycle menus include the same entrees each week.</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 posted a reminder notes next to the menu. to vary entree and vegetable thru the month.</p> <p>Do not Repeat same menu. Frequently</p>	<p style="text-align: right; font-size: 2em;">1/22/24</p> <p style="text-align: right;">24 JAN 22 P2:08</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 Current cycle menu was not posted in the dining area for residents and department review</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;">Menu has been posted in Dining Area.</p>	<p style="text-align: center;">1/22/24</p> <p style="text-align: center;">24 JAN 22 P2:08</p> <p style="text-align: center;">STATE OF NEW YORK DEPARTMENT OF HEALTH STATE LICENSING</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><u>FINDINGS</u> Current cycle menu was not posted in the dining area for residents and department review</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>I post a Reminder notes on the Refrigerator to have a copy of menu. posted in Dining room at all time.</i></p>	<p style="text-align: right;"><i>1/22/24</i></p> <p style="text-align: right;">24 JAN 22 P2:08</p> <p style="text-align: right;">STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident #1-3 – Three (3) non-self-preserving residents residing in the facility, exceeding the maximum (two residents) allowed</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>Resident # 1 TH Be executed Re Assist by MD. As Self preserving. on 12/7/23. only Resident # 2 & 3 now non self preserving.</p>	<p style="text-align: right;">11/22/24</p> <p style="text-align: center;">24 JAN 22 P 2:08</p> <p style="text-align: center;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident #1-3 – Three (3) non-self-preserving residents residing in the facility, exceeding the maximum (two residents) allowed</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 posted a Reminder notes on my care home Binder to Review S.P. Status of all Resident on the 1st ^{of} each month. to insure only to NSP. Resident are Residing in care home at Aug giving time.</p> <p style="text-align: right; font-size: small;">STATE LICENSING</p>	<p style="text-align: right; font-size: large;">1/22/24</p> <p style="text-align: right;">24 JAN 22 P2:08</p>

Licensee's/Administrator's Signature: *Joseline Harris*

Print Name: Joseline Harris

Date: 1/22/24

STATE OF CALIFORNIA
DEPARTMENT OF
STATE LICENSING
24 JAN 22 P2:08