

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Felarca Care Home, LLC</b>	<b>CHAPTER 100.1</b>
<b>Address: 4679 Likini Street, Honolulu, Hawaii 96818</b>	<b>Inspection Date: July 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  
DEPARTMENT OF HEALTH  
STATE LICENSING

MAR -4 P 1:19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition. (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><b><u>FINDINGS</u></b>  Resident #2: Diet order of "Heart healthy diet". No documented evidence that special diet is being provided.</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>Contacted PCP (Primary Care Provider) orders signed on 8/23/2024 and confirmed current Diet Orders reflect needs of resident. Orders state begin use of liquids modifier, Thick-It, its consistency is nectar or to residents tolerance. Meals are regular diet which are to be puréed.  PCP's Diet Orders were then referred to HI-RD (Hawaii Registered Dietician) who ARCH uses to help establish dietary needs of resident. HI-RD following current Hawaii Diet guidelines and using ARCH's current regular diet menu modified to puréed regular meal and established a working diet menu including possible menu substitutions for specifically for resident #2. Menu was also mark specifically for resident #2 on revised menus.</p>	<p style="text-align: center;">1/26/2024</p> <p style="text-align: center;"><i>DOT</i></p> <p style="text-align: center;">STATE OF HAWAII  DEPARTMENT OF HEALTH  STATE LICENSING</p> <p style="text-align: right;">24 MAR - 7 PM '19</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f)  Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b>FINDINGS</b>  Resident #1: No documented evidence of medication administration record since admission on 5/8/2023.</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>Contacted local PCP as resident had transferred to Oahu from Hilo long term care facility. Consulted Oahu PCP as to which medication would be used from this point and to get resident compliant with DOH rules. PCP verified necessary medications and vitamins resident was to continue as her routine medications. MAR (Medication Administration Record) was begun with most up to date medication record as per PCP orders.</p>	<p style="text-align: center;">10/30/2023</p> <p style="text-align: center;"><i>DF</i></p> <p style="text-align: right;">24 MAR -4 P 1:19</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DEPARTMENT OF HEALTH  STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f)  Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b>  Resident #1: No documented evidence of medication administration record since admission on 5/8/2023.</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>In the future residents whose discharge medication orders will be clear and concise or ARCH will not admit prospective resident into carehome. As multiple issues came about this case, PCG and CHO will not be admitting a resident off the island of Oahu unless a local PCP on the island of Oahu has seen resident and created a current medication list that is permissible for ARCH to use in their MAR.</p> <p>Electronic and hard copy calendars shall have three (3) resident information reviews within first thirty (30) days of living in ARCH for compliance and completion during first (30) days living at ARCH. Residents binders will now have a checklist reminding CHO and PCG of necessary documentation BEFORE ARCH admission or necessary reminders of documentation for compliance, again both digital calendars and hard copy calendar copies with reminders on digital calendars three (3) days of making reminder. MAR (medication administration record) must reflect record of provider for resident which must be signed upon completion, used to record residents medication usage as directed by provider and dated that resident is compliant for ARCH or E-ARCH paperwork standards.</p> <p>MAR's are created prior to residents admission to ARCH once resident and/or family has made a decision to move resident to ARCH pending all paperwork is filed by ARCH to DOH rules. CHO and PCG will create said MAR once an agreement is made with resident and/or family to move into ARCH. When ARCH has complete admission paperwork's and a working MAR of the residents current medication list shall resident be admitted to ARCH. This may involve residents provider and or nurse case manager to review MAR so that provider's orders are written as provider intended for medication usage on resident. ARCH will usually setup an appointment with provider within first week of transferring to ARCH and nurse case managers first visit with resident soon after, in the event resident is expanded. Checklist of necessary documentation will be in residents binder for completion and compliance.</p> <p>If resident is an expanded resident, the case manager whom the resident and/or family of resident has chosen to work with shall review the medication list with CHO and/or PCG and create the working MAR that ARCH will be working with for the resident.</p> <p>IF discharge MAR does not make sense to CHO or PCG, resident will not be admitted into ARCH.</p> <p>Lastly, nurse case managers, for expanded residents, and providers to review residents MAR during residents follow-up visits to reflect ARCH MAR and Providers medication orders record so both records coincide with each other. There will also be a quarterly review between CHO, Care Home Operator, and PCG, Primary Care Giver, that all residents MAR's are up-to-date and all signatures and marking related to residents medication administration by caregivers. New residents will have their MAR reviewed three times during their first thirty (30) days, then once every thirty (30) days for three (3) months, finally quarterly or ninety (90) days after being in ARCH more than six (6) months to be sure there are no missing or errored medication history.</p>	<p style="text-align: right;">24 MAR -4 P1:19</p> <p style="text-align: right;">STATE OF HAWAII DOH - ARCH STATE LICENSING</p> <p style="text-align: right;">1/26/2024 DJT</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-81 Minimum structural requirements. (b)  All signaling devices shall be approved by the department and installed at bedside, in bathrooms, toilet rooms, and other areas where expanded ARCH residents may be left alone. All such signaling devices shall be approved by the department. In expanded ARCHs where the primary care giver and expanded ARCH residents do not reside on the same floor or when other signaling mechanisms are deemed inadequate, electronic signaling systems shall be installed.</p> <p><b>FINDINGS</b>  Resident #2: No signaling device at bedside.</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>Signaling device for resident #2 was placed away from resident as he is daily cleansed and they are bed bound. CHO and PCG reminded all substitute caregivers must replace all signaling devices for residents within their reach regardless of their ability to use. During room checks all residents shall have their signaling discs on their person regardless of their ability to use. These checks shall happen every half hour to hourly by all caregivers and substitute caregivers.</p> <p>Signage near resident or nearby where the signaling device should be kept will be available to resident and remind all caregivers to return call buttons before leaving resident. Signage to remind CG's (caregivers) to return signaling devices to residents will also be placed by resident to remind CG's to place call button next to resident before leaving resident once their care is completed.</p> <p>At this time electronic signaling, nurse/caregiver call bell, device is placed around neck of resident as a call pendant. Caregivers are reminded to keep electronic call bell within arms or one foot distance of resident if pendant option isn't a viable for resident. every half hour to hourly by all caregivers and substitute caregivers.</p>	<p>1/26/2024  <i>DH</i></p> <p style="text-align: right;">24 MAR -4 P 1:19  STATE OF MICHIGAN  DEPT. OF  STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p><b>§11-100.1-17 Records and reports. (h)(1)</b>  Miscellaneous records:  A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b>  Resident #1: Resident not on general register. Corrected during inspection.</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>Missing resident was added into record before DOH nurse consultant which normally be added to record upon admission into ARCH. CHO or PCG shall enter information during admission visit once resident or DPOA (Durable Power of Attorney) is present or signing all necessary admission paperwork into carehome.</p>	<p style="text-align: right;">10/30/2023</p> <p style="text-align: right;"><i>DF</i></p> <p style="text-align: right;">24 MAR -4 P1:19</p> <p style="text-align: right;">STATE OF MICHIGAN  DEPARTMENT OF  STATE LICENSING</p>



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Licensee's/Administrator's Signature: Daniel V. Felarca

Print Name: Daniel V Felarca

Date: 10/30/2023

STATE OF CONNECTICUT  
DEPARTMENT OF  
STATE LICENSING

24 MAR -4 P1:19