

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Arzaga's Adult Residential Care LLC #2	CHAPTER 100.1
Address: 53 Maikai Street, Hilo, Hawaii 96720	Inspection Date: May 29, 2024 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

	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> Substitute Care Giver (SCG) #3 – No annual tuberculosis clearance available.</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>- TB clearance form was misfiled as an updated TB clearance is on file for this caregiver, given on 8/1/2023 and read 8/9/2023</p> <p>- Updated caregiver's binder</p>	<p>05/31/2024</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> Substitute Care Giver (SCG) #3 – No annual tuberculosis clearance available.</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>PCG will work with SCG(s) to ensure duplicate copies are made and updated for two binders for two care homes. Each binder will be a mirror image of each other.</p> <p>A spreadsheet will be placed at the front of the care home binder. This spreadsheet includes all PCG/SCG(s) dates of current clearances on file along with expiration dates. This spreadsheet will be reviewed every month to ensure all documents are current. This spreadsheet was updated to include the date and initials of the house manager who reviewed the spreadsheet for the respective month. For any upcoming expiring clearances, the house manager(s) will notify the clinical director to inform the individual of soon to be due clearances.</p>	07/19/2024

	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 #5 – No initial/2-step tuberculosis clearance available.</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</p> <p>Upon further investigation, SCG#5 had a 2-step TB done on 2/10/2010. A copy of the State of Hawaii's DOH's certificate of TB examination indicates that this SCG had a "Negative TB Test (2-Step)" TB screening dated 02/10/2010.</p> <p>A copy was made for this care home's caregiver binder as the original copy was in the other care home's caregiver binder.</p>	07/19/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 #5 – No initial/2-step tuberculosis clearance available.</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>A pre-employment checklist has been created to ensure that this is not missed in the future. This checklist includes providing the required clearances, specifically the initial/2-step TB clearances for individuals who have never tested positive for TB.</p> <p>For initial/2-step TB clearances, the SCG(s)/House manager(s) and RN clinical director will review these documents yearly and quarterly for annual TB clearances.</p> <p>To keep track of the dates of initial and annual TB clearances, a spreadsheet was created to include all of the PCG/SCG(s) dates of current clearances on file along with expiration dates. This spreadsheet will be reviewed monthly by the SCG(s)/house manager(s). The RN clinical director will be responsible for verifying and updating the master spreadsheet monthly to ensure documents are up to date and available in the</p>	07/23/2024

	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> Primary Care Giver, SCG #1, and #2 – History of positive PPD; however, no documented evidence of a negative chest x-ray ruling out tuberculosis.</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>Caregivers, SCG #1 and 2 had CXR done previously but was not filed in chart. Obtained copies of previous CXR and updated/filed in chart.</p>	<p>05/31/2024</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> Primary Care Giver, SCG #1, and #2 – History of positive PPD; however, no documented evidence of a negative chest x-ray ruling out tuberculosis.</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>A pre-employment checklist has been created to ensure that this is not missed in the future. This checklist includes providing the required TB clearances, specifically the initial/2-step TB clearances for individuals who have NOT had a positive PPD. Documentation of the positive result will be provided along with a negative chest x-ray to rule out TB.</p> <p>For initial/2-step TB clearances, the SCG(s)/House manager(s) and RN clinical director will review these documents yearly and quarterly for annual TB clearances. The RN clinical director will be responsible for verifying and updating the master spreadsheet to ensure documents are up to date and available in the caregiver's binder.</p>	7/25/2024


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 – Medication label for Amlodipine Besylate does not include hold parameter, “Hold for blood pressure <110/60,” as ordered by the physician. Medication label for Bisoprolol Fumarate does not include hold parameter, “Hold for heartrate <50,” as ordered by the 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>An address label was created to indicate "Order directions changed. Refer to the last signed order from 1/10/2024"</p>	07/23/2024

	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 – Medication label for Amlodipine Besylate does not include hold parameter, “Hold for blood pressure <110/60,” as ordered by the physician. Medication label for Bisoprolol Fumarate does not include hold parameter, “Hold for heartrate <50,” as ordered by the physician.</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>SCG(s)/House manager(s) will review all medication orders monthly. Medication orders will be double-checked with medication labels and MAR entries monthly.</p> <p>Physicians will be notified to ensure that he/she sends over the complete medication order to the pharmacy which includes hold parameters. Before leaving the pharmacy, labels will be checked to ensure the order is reflected accurately on the label, including hold parameters as ordered.</p>	07/23/2024

Licensee's/Administrator's Signature: *RAG*


Print Name: Rudy Arzaga

Date: May 31, 2024

Licensee's/Administrator's Signature: 

Print Name: Emme Furuya

Date: Jul 19, 2024

Licensee's/Administrator's Signature: 

Print Name: Emme Furuya, RN

Date: Jul 23, 2024