

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Downey, Norma (ARCH)	CHAPTER 100.1
Address: 4038 Salt Lake Boulevard, Honolulu, Hawaii 96818	Inspection Date: September 1, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

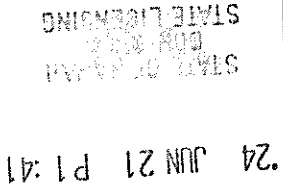
STATE LICENSING
DIVISION
STATE OF HAWAII

24 JUN 21 P 1:40

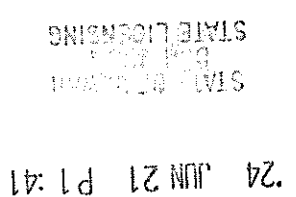
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required 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 care giver, Substitute care giver #2: No documented evidence of fieldprint background check.</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;"><i>all care givers, primary, care givers, & SCG #2 obtain fieldprint & have been given the green light ————— 6/21/2024</i></p> <p style="text-align: center;">STATE OF MICHIGAN STATE LICENSING JUN 21 2024 1:40</p>	

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<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 care giver, Substitute care giver #2: No documented evidence of fieldprint background check.</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>Put reminders of the background & fingerprint on the calendar for 2025 & 2027 in the company cell phone. All care givers & household members _____</i></p> <p style="text-align: center;">STATE OF ILLINOIS DEPARTMENT OF CHILDREN AND PARENTS STATE OF ILLINOIS</p> <p style="text-align: center;">24 JUN 21 P1:41</p>	<p style="text-align: right;"><i>6/21/2024</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> No evidence of six (6) hours of continuing education.</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;"><i>8 hrs of continuing edu completed. file in case here binder</i></p> <p style="text-align: center;">STATE LICENSING STATE OF ILLINOIS JUN 21 11:41 AM '24</p>	<p style="text-align: right;"><i>6/21/2024</i></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> (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 #1: No documented evidence of annual physical exam. 2022 physical exam appears to be a photocopy of 2021 physical exam with the dates modified.</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;"><i>P.E. corrected by MD 2022 P.E. attached & filed</i></p> <p style="text-align: center;">STATE OF CONNECTICUT DEPARTMENT OF STATE STATE LIBRARIAN JUN 21 2024 1:41</p>	<p style="text-align: center;"><i>6/21/2024</i></p>

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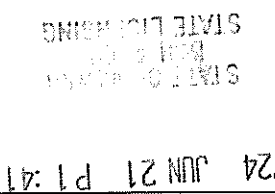
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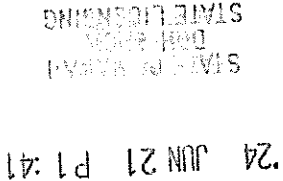
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute care giver #1: No documented evidence of annual tuberculosis clearance. 2022 tuberculosis clearance appears to be a photocopy of 2021 tuberculosis clearance with the dates modified.</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;"><i>TB clearance obtained and clarified by Doctor 6/21/2024</i></p> <p style="text-align: center;"><i>All in clearance Binder</i></p> <p style="text-align: right;">STATE BOARD OF NURSING DOH-00000 STATE LICENSING</p>	

24 JUN 21 P1:41

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3)The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Visible evidence of bed bug infestation in residents rooms and living room. Live and dead bed bugs noted during inspection. last documented professional treatment for bed bugs: 9/14/2020 and 6/6/2022.</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;"><i>Professional exterminator company comes quarterly to treat bed bugs Receipts filed in care home binder.</i></p> <div style="text-align: right; margin-top: 20px;">  </div>	<i>6/21/24</i>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> Fire drills descriptions are photocopies of previous years.</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;"><i>fire drills rewritten and file</i></p>	<p style="text-align: right;"><i>6/21/2024</i></p>

24 JUN 21 P1:41
STATE OF MONTANA
DEPT. OF LABOR
STATE LICENSING

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Licensee's/Administrator's Signature: Norma Downey

Print Name: NORMA DOWNEY

Date: 6-21-2024

STATE OF ILLINOIS
DEPARTMENT OF REVENUE
STATE LICENSING

24 JUN 21 P1:41