

Office of Health Care Assurance

State Licensing Section

STATE OF HAWAII  
DONORICA  
STATE LICENSING

24 MAR -1 AM 1:03

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hawaii Kai ARCH	CHAPTER 100.1
Address: 308 Kuliouou Road, Honolulu, Hawaii 96821	Inspection Date: February 6, 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>§11-100.1-7 <u>General operational policies.</u> (c)  A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No signed EARCH policy. The resident was readmitted on 2/2/24.  <i>Submit a copy of the signed EARCH policy with your plan of correction (POC).</i></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 style="text-align: center;">ATTACHED IS A SIGNED EARCH POLICY. POLICY IS IN RESIDENT'S RECORD AND DOCUMENTED IN NOTES.</p>	<p style="text-align: right;">2-29-2024</p> <p style="text-align: right;">STATE OF HAWAII  DON-ORCA  STATE LICENSING</p>

24 MAR 1 11:03

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c)  A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><b>FINDINGS</b>  Resident #1 – No signed EARCH policy. The resident was readmitted on 2/2/24.  Submit a copy of the signed EARCH policy with your plan of correction (POC).</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 style="text-align: center;">IN THE FUTURE, WILL HAVE EARCH POLICY READY FOR ANY EXPANDED RESIDENTS. WILL GO OVER EARCH POLICY WITH RESIDENT OR FAMILY AND HAVE IT SIGNED BY RESIDENT OR POA BEFORE ADMISSION OR ON THE DAY OF ADMISSION. WILL DOCUMENT IN ADMISSION NOTES / PROGRESS NOTES.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DON-CHICA  STATE LICENSING</p>	<p style="text-align: right;">2-29- 2024</p> <p style="text-align: right;">24 MAR -1 AM 1:03</p>

	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><b><u>FINDINGS</u></b>            Resident #1 - Onelax suppository supply was noted in the refrigerator unsecured.</p>	<p style="text-align: center;">PART 1</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 style="text-align: center;">MEDICATION HAS BEEN PLACED IN THE LOCK BOX LOCATED IN THE REFRIGERATOR AND LOCK BOX IS SECURED. WILL REMAIN IN LOCK BOX UNTIL NEEDED, INFORMED ALL CAREGIVERS.</p> <p style="text-align: right;">STATE OF HAWAII            DON-ORCA            STATE LICENSING</p>	<p style="text-align: right;">2-29-2024</p> <p style="text-align: right;">24 MAR -1 AM 11:02</p>

	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><b><u>FINDINGS</u></b>            Resident #1 - Onelax suppository supply was noted in the refrigerator unsecured.</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 style="text-align: center;">WILL KEEP ONELAX SUPPOSITORY IN LOCK BOX AT ALL TIMES WHEN NOT IN USE. WILL DO DAILY CHECKS TO MAKE SURE LOCK BOX IS SECURED. WILL CHECK TO MAKE SURE ANY MEDICATIONS THAT ARE INSTRUCTED TO BE STORED IN A REFRIGERATOR IS TO BE LABELED AND KEPT IN THE LOCK CONTAINER.</p> <p style="text-align: right;">STATE OF HAWAII            DOI-OSHA            STATE LICENSING</p>	<p style="text-align: right;">2-29-2024</p> <p style="text-align: right;">24 MAR -1 AM 1:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b>FINDINGS</b>  Resident #1 – No schedule of activities/plan of care was developed when readmitted on 2/2/24.  <i>Submit a copy of the schedule of activities/plan of care with your POC.</i></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>A COPY OF THE PLAN OF CARE FROM THE ISLANDS HOSPICE TEAM THAT MYSELF AND STAFF ARE TO FOLLOW HAS BEEN SUBMITTED <sup>2-6-24</sup> A CORRECTION HAS BEEN DOCUMENTED IN NOTES.</p>	<p style="text-align: right;">2-29- 2024</p> <p style="text-align: center;">24 MAR -1 AM 1:02</p> <p style="text-align: center;">STATE OF HAWAII  DONOR ORCA  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b>  Resident #1 – No schedule of activities/plan of care was developed when readmitted on 2/2/24.  <i>Submit a copy of the schedule of activities/plan of care with your POC.</i></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 style="text-align: center;">WILL MAKE SURE THAT A PLAN OF CARE IS COMPLETED WHEN RESIDENT IS RE-ADMITTED. IF RESIDENT IS UNDER HOSPICE SERVICES, THEN CARE GIVERS WILL FOLLOW PLAN OF CARE BY HOSPICE. WILL MAKE SURE THAT HOSPICE SUBMITS A PLAN OF CARE DURING ADMISSION TO HOSPICE. WILL UPDATE ACTIVITIES/PLAN OF CARE WHEN NEEDED IF ANY CHANGES OF THE RESIDENT OCCURS. WILL ALSO WORK WITH CASE MANAGER ON CARE PLAN IF RESIDENT IS UNDER EXPANDED CARE.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DOH-OLCA  STATE LICENSING</p>	<p style="text-align: center;">2-29  2024</p> <p style="text-align: center;">24 MAR -1 AM 1:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No PCG assessment upon readmission on 2/2/24.  <i>Submit a copy of the completed PCG assessment with your POC.</i></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 style="text-align: center;">ATTACHED IS A COPY OF ASSESSMENT,  ASSESSMENT IS IN RESIDENT'S FILES,  AND DOCUMENTED THAT ASSESSMENT  IS COMPLETE.</p> <p style="text-align: right;">STATE OF HAWAII  DOH-DHQA  STATE LICENSING</p>	<p style="text-align: center;">2-29-  2024</p> <p style="text-align: center;">24 MAR -1 AM 1:02</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No PCG assessment upon readmission on 2/2/24.  <i>Submit a copy of the completed PCG assessment with your POC.</i></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 style="text-align: center;">IN THE FUTURE, BEFORE ANY RE-ADMISSION, PCG WILL COMPLETE ASSESSMENT ON DAY OF RE-ADMISSION. WILL FILE ASSESSMENT IN CHART AND DOCUMENT COMPLETION.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DON-ONICA  STATE LICENSING</p>	<p style="text-align: right;">2-29  2024</p> <p style="text-align: right;">24 MAR -1 AM 1:02</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><b>FINDINGS</b>  Resident #1 - Height and weight measurements were unavailable for review. Readmitted on 2/2/24.</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 style="text-align: center;">HEIGHT &amp; WEIGHT DOCUMENTED AFTER  ADMISSION . IS 162.6 CM - HT.  94.12 lbs . TAKEN  FROM RECENT HOSPITAL</p> <p style="text-align: right;">STATE OF HAWAII  DON-ONICA  STATE LICENSING</p>	<p style="text-align: right;">2-29-2024</p> <p style="text-align: right;">24 MAR -1 AM 1:02</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><b><u>FINDINGS</u></b>  Resident #1 - Height and weight measurements were unavailable for review. Readmitted on 2/2/24.</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>UPON ADMISSION, WILL MAKE SURE TO TAKE THE WEIGHT AND HEIGHT OF RESIDENT AND HAVE IT DOCUMENTED FOR ADMISSION NOTES, PROGRESS NOTES, IF RESIDENT IS UNABLE TO STAND FOR MEASUREMENT OF HEIGHT, CAN MEASURE RESIDENT IN BED. IF RE-ADMISSION, CAN USE PREVIOUS NOTES OF HEIGHT.</p> <p style="text-align: right;">STATE OF HAWAII  DOSH/DOHA  STATE LICENSING</p>	<p>2-29-2024</p> <p>24 MAR - 1 AM 1:02</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><b>FINDINGS</b> Resident #1 -Emergency information sheet was not updated to reflect the current mobility status and medications. <i>Submit a copy of the updated emergency sheet with your POC.</i></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 style="text-align: center;">ATTACHED IS A COPY OF THE UPDATED EMERGENCY SHEET AND MEDICATIONS.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;">2-29-2024</p> <p style="text-align: right;">24 MAR -1 AM 1 :02</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><b><u>FINDINGS</u></b> Resident #1 -Emergency information sheet was not updated to reflect the current mobility status and medications. <i>Submit a copy of the updated emergency sheet with your POC.</i></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>WHEN THERE IS ANY CHANGES OF RESIDENT'S MOBILITY STATUS THE SECTION FOR "MOBILITY" ON PAGE WILL BE UPDATED IF NEEDED. MEDICATION SECTIONS ON PAGE TWO WILL BE UPDATED AS WELL. IF NEW MEDICATION ORDERS, THE MEDICATION SECTION WILL BE UPDATED TOO. WILL DO MONTHLY CHECKS AT THE BEGINNING OF THE MONTH TO MAKE SURE EMERGENCY PLAN AND MEDICATIONS ARE UPDATED AND WILL DOCUMENT ON MONTHLY PROGRESS NOTES.</p>	<p style="text-align: center;">2-29-2024</p> <p style="text-align: center;">24 MAR -1 AM 1:02</p> <p style="text-align: center;">STATE OF MARYLAND DH-0004 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> Resident #1 - No documentation of training provided by a registered nurse (RN) in providing daily personal and specialized care.</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>REACHED OUT TO HOSPICE TEAM FOR RN TO PROVIDE TRAINING TO PCG ON PERSONAL CARE.</p> <p>DOCUMENTATION PROVIDED BY HOSPICE TEAM THAT RN WENT OVER INSTRUCTIONS FOR PERSONAL CARE AND SPECIALIZED CARE FOR RESIDENT #1.</p> <p style="text-align: right;">STATE OF HAWAII DOMONICA STATE LICENSING</p>	<p style="text-align: right;">2-29-2024</p> <p style="text-align: right;">24 MAR -1 AM 1:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> Resident #1 - No documentation of training provided by a registered nurse (RN) in providing daily personal and specialized care.</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>WILL BE IN TOUCH WITH A CASE MANAGER WHO IS AN RN THAT CAN PROVIDE TRAINING FOR PCG <sup>MOD SCG</sup> <del>ON PERSONAL</del> <sup>PERSONAL</sup> CARE ANNUALLY AND WHEN NEEDED WHEN THERE IS CHANGE IN CARE PLAN OF RESIDENT. IF RESIDENT SIGNS ON HOSPICE SERVICES AND FAMILY WANTS TO WAIVE CASE MANAGEMENT SERVICES WILL REQUEST TRAINING FROM HOSPICE RN FOR PCG &amp; SCG WHEN RESIDENT IS ADMITTED TO HOSPICE SERVICES.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p style="text-align: right;">2-29-2024</p> <p style="text-align: right;">24 MAR -1 AM 02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b>FINDINGS</b> Substitute caregiver (SCG) #1, SCG #2, and SCG #3 – Completed nine (9) of the required twelve (12) hours of annual continuing education hours. <i>Please complete an additional 4.5 hours of continuing education and submit verification with your plan of correction to be counted towards your 2015 annual inspection.</i></p>	<p style="text-align: center;">PART 1</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 style="text-align: center;">STAFF ENROLLED IN CLASSES AND COMPLETED CE HOURS. ATTACHED IS CERTIFICATE OF CE HOURS FOR SCG #1, #2, #3.</p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE ENGINEERING</p>	<p style="text-align: right;">2-29-2014</p> <p style="text-align: right;">24 MAR -1 AM 1:02</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b>FINDINGS</b> Substitute caregiver (SCG) #1, SCG #2, and SCG #3 – Completed nine (9) of the required twelve (12) hours of annual continuing education hours. <i>Please complete an additional 4.5 hours of continuing education and submit verification with your plan of correction to be counted towards your 2015 annual inspection.</i></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>WILL PROVIDE ALL CGS WITH CONTINUING EDUCATIONAL IN-SERVICES. WILL PLAN TO DO CONTINUING EDUCATION HOURS AT LEAST EVERY QUARTER. WILL KEEP LOG OF EACH SCG'S HOURS IN BINDER WITH ALL CARE GIVER DOCUMENTS. WILL CHECK EVERY QUARTER TO MAKE SURE HOURS WERE COMPLETED. IF NOT COMPLETED BY THE END OF THE QUARTER, WILL MAKE SURE SCG WILL HAVE HOURS DONE WITHIN A WEEK.</p> <p style="text-align: right;">STATE OF HAWAII DHI-0101 STATE LICENSING</p>	<p style="text-align: center;">2-29-2014</p> <p style="text-align: right;">24 MAR -1 AM 1:01</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(2) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Orders for diet, medication, specialized care, or activities signed by the physician;</p> <p><b>FINDINGS</b> Resident #1 – Signed admission orders for medications Onelax suppository, Morphine, and Lorazepam were obtained on 2/6/24, four days after the resident was readmitted on 2/2/24.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p>2-29-2024</p> <p>24 MAR -1 AM 1:01</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(2)  Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Orders for diet, medication, specialized care, or activities signed by the physician;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Signed admission orders for medications Onelax suppository, Morphine, and Lorazepam were obtained on 2/6/24, four days after the resident was readmitted on 2/2/24.</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 style="text-align: center;">WILL MAKE SURE BEFORE RESIDENT IS RE-ADMITTED, TO HAVE NEW MEDICATIONS ORDERED SIGNED BY DOCTOR. WILL NOT ADMIT UNTIL ORDERED ARE SIGNED BY PHYSICIAN. <del>ORDERS WILL BE REAXED</del>  WILL CHECK MEDICATIONS FOR ADMISSION OR READMISSIONS TO SEE THAT IT IS SIGNED BY DOCTOR BEFORE ADMISSION</p>	<p style="text-align: center;">2-29-2024</p> <p style="text-align: center;">24 MAR -1 AM 1:01</p> <p style="text-align: center;">STATE OF HAWAII  DEPARTMENT OF HEALTH  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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><b>FINDINGS</b>  All fire drills were conducted between 08:05 am and 5:00 pm—no fire drills were done during the 3<sup>rd</sup> (night) shift.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DOR/OLCA  STATE LICENSING</p>	<p style="text-align: right;">2-29-2024</p> <p style="text-align: right;">24 MAR -1 AM 1:01</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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><b><u>FINDINGS</u></b>  All fire drills were conducted between 08:05 am and 5:00 pm—no fire drills were done during the 3<sup>rd</sup> (night) shift.</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 style="text-align: center;">MOVING FORWARD, WILL CONDUCT FIRE DRILLS DURING THE HOURS OF THE NIGHT, EITHER 11 PM OR 6:30 AM. WILL LOG IT DOWN ON MONTHLY FIRE DRILLS.</p> <p style="text-align: right;">STATE OF HAWAII  DHF-DHCA  STATE LICENSING</p>	<p style="text-align: center;">2 - 29  2024</p> <p style="text-align: center;">24 MAR -1 AM 1:01</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><b>FINDINGS</b> Resident #1 – No case management (CM) services were provided when readmitted as EARCH on 2/2/24. Request to waive CM services received on 2/7/24. CM waiver approval is in process.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: right;">2-29-2024</p> <p style="text-align: right;">24 MAR -1 AM 1:01</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><b>FINDINGS</b> Resident #1 – No case management (CM) services were provided when readmitted as EARCH on 2/2/24. Request to waive CM services received on 2/7/24. CM waiver approval is in process.</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>FOR ANY RESIDENTS REQUIRING CM SERVICES, PDAs WILL BE OFFERED CASE MANAGEMENT SERVICES. PCG WILL PROVIDE PDAs LIST OF DOH APPROVED CASE MANAGEMENT AGENCIES FOR PDAs TO CHOOSE FROM. IF PDA CHOOSES TO WAIVE CM SERVICES, A LETTER OF WAIVER WILL BE SIGNED BY PDA AND SUBMITTED TO DOH. COPY WILL BE KEPT IN RECORDS OF RESIDENT AND PROCESS WILL BE DOCUMENTED.</p> <p style="text-align: right;">STATE OF HAWAII DOMestic STATE LICENSING</p>	<p style="text-align: right;">2-29-2024</p> <p style="text-align: right;">24 MAR -1 AM 1:01</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><b>FINDINGS</b>  Resident #1 – No comprehensive assessment was completed by the RN CM prior to placement in the facility. Request to waive CM services received on 2/7/24. CM waiver approval is in process.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p>STATE OF HAWAII  BOH-ORCA  STATE LICENSING</p>	<p>2-29-  2024</p> <p>24 MAR -1 AM 1:01</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><b>FINDINGS</b> Resident #1 – No comprehensive assessment was completed by the RN CM prior to placement in the facility. Request to waive CM services received on 2/7/24. CM waiver approval is in process.</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 style="text-align: center;">WILL MAKE SURE THAT ANY EXPANDED ARCH RESIDENTS WILL HAVE CASE MANAGEMENT SERVICES SET UP PRIOR TO ADMISSION OR ON THE DAY OF ADMISSION TO COMPLETE ASSESSMENT. WILL KEEP ASSESSMENT IN FILES AND DOCUMENT IN NOTES WHEN ASSESSMENT IS COMPLETE.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOMINICA STATE LICENSING</p>	<p style="text-align: center;">2-29-2024</p> <p style="text-align: center;">24 MAR -1 AM 1:01</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No interim care plan was completed by the RN CM within forty-eight hours of admission to the facility. Request to waive CM services received on 2/7/24. CM waiver approval is in process.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII            DON-ORCA            STATE LICENSING</p>	<p style="text-align: right;">2-29-            2024</p> <p style="text-align: right;">24 MAR -1 AM 1:01</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b>FINDINGS</b>            Resident #1 – No interim care plan was completed by the RN CM within forty-eight hours of admission to the facility. Request to waive CM services received on 2/7/24. CM waiver approval is in process.</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><del>FOR ALL ARCH RESIDENTS, THEY WILL</del></p> <p>IN THE FUTURE, WHEN A RESIDENT IS ADMITTED UNDER EXPANDED CARE AND HAS A CASE MANAGER, WILL MAKE SURE TO WORK WITH THE RN CM TO MAKE A CARE PLAN FOR RESIDENTS NEEDS PERTAINING TO TREATMENTS, MEDICATIONS, GOALS, INTERVENTIONS RELATING TO THEIR MEDICAL, NURSING, SOCIAL, MENTAL, BEHAVIORAL, RECREATIONAL, DENTAL, EMERGENCY CARE, NUTRITIONAL, SPIRITUAL &amp; REHABILITATIVE NEEDS. WE WILL MAKE SURE TO HAVE A CARE PLAN DONE WITHIN THE FIRST WEEK OF RESIDENT'S ADMISSION.</p>	<p style="text-align: center;">2-29-2024</p> <p style="text-align: center;">24 MAR -1 AM 1:01</p> <p style="text-align: center;">STATE OF HAWAII            DOH/OA/OA            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-90 <u>Expanded ARCH resident's rights.</u> (1)            In addition to the resident's rights in section 11-100.1-21, the expanded ARCH resident shall have the right to:</p> <p>Be fully informed, orally and in writing, prior to or at the time of admission, of individual rights and responsibilities and of all rules governing expanded ARCH resident conduct. There shall be documentation that a copy of this document has been received, acknowledged, and signed by the expanded ARCH resident, expanded ARCH resident's family, legal guardian, surrogate or representative. Should the resident require the assistance of an interpreter, the licensee shall ensure that interpreter services including but not limited to translation, sign language or visual services are provided;</p> <p><b>FINDINGS</b>            Resident #1 – No documentation that the resident or resident's legal guardian was informed of the resident's individual rights and responsibilities and of all rules governing expanded ARCH resident conduct.  <i>Submit a copy of the signed EARCH policy with your POC.</i></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 style="text-align: center;">ATTACHED IS A COPY OF EARCH POLICY INDICATING THAT I WENT OVER THE POLICY WITH THE FAMILY.</p> <p style="text-align: center;">NOTE: ATTACHED COPY CAN BE FIND IN PAGE 2</p>	<p style="text-align: center;">2-29-2024</p> <p style="text-align: center;">24 MAR -1 AM 1:01</p>

STATE OF HAWAII  
 DEPARTMENT OF HEALTH  
 STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-90 <u>Expanded ARCH resident's rights.</u> (1) In addition to the resident's rights in section 11-100.1-21, the expanded ARCH resident shall have the right to:</p> <p>Be fully informed, orally and in writing, prior to or at the time of admission, of individual rights and responsibilities and of all rules governing expanded ARCH resident conduct. There shall be documentation that a copy of this document has been received, acknowledged, and signed by the expanded ARCH resident, expanded ARCH resident's family, legal guardian, surrogate or representative. Should the resident require the assistance of an interpreter, the licensee shall ensure that interpreter services including but not limited to translation, sign language or visual services are provided;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documentation that the resident or resident's legal guardian was informed of the resident's individual rights and responsibilities and of all rules governing expanded ARCH resident conduct.</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 style="text-align: center;">WILL GO OVER FAARCH POLICY WITH RESIDENT AND/OR FAMILY. WILL DOCUMENT WHEN COMPLETED IN ADMISSION NOTES / PROGRESS NOTES</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DHE-CHCA STATE LICENSING</p>	<p style="text-align: center;">2-29-2004</p> <p style="text-align: right;">24 MAR -1 AM 1:01</p>

Licensee's/Administrator's Signature: Belarmina Rol

Print Name: BELARMINA ROL

Date: 2-29-2024

STATE OF ILLINOIS  
DEPARTMENT OF  
STATE LICENSING

24 MAR -1 AM 1:01