

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Imelda G. Arreola (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 87-164 Kaukamana Street, Waianae, Hawaii 96792	Inspection Date: April 23, 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).

STATE OF HAWAII
DEPARTMENT OF HEALTH
LICENSING DIVISION

24 MAY -1 AM 1:04

	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><u>FINDINGS</u> Resident #1- No documented evidence of a schedule of activities developed and implemented by the primary care giver (PCG).</p> <p>Please provide a copy of the schedule of activities with your 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 style="text-align: center;"><i>"I have made a plan of care and activities schedule". Copy of the schedule of activities is attached.</i></p>	<p style="text-align: right;"><i>yes 4/23/24</i></p> <p style="text-align: right;">24 MAY -1 AM 1:04</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports</u> , (a)(8) 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: A current inventory of money and valuables. <u>FINDINGS</u> No current inventory of money and valuables for Resident #2 (last updated 1/28/22), Resident #3 (last updated 2/25/22) and Resident #4 (last updated 12/25/21).	<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>In the future, to prevent this deficiency from happening again, I as PCT will create a checklist and I will place this checklist in my resident binder. I will refer to this checklist when I do my monthly audit.</i></p>	<p style="text-align: center;"><i>4/23/24</i></p> <p style="text-align: right;">24 MAY -1 AM 1:04</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-17 <u>Records and reports, (b)(4)</u> During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1- Physician ordered blood sugar checks twice a day; however, blood sugar check was not documented on 5/30/23 and 5/31/23.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>24 MAY -1 11:04</p> <p>STATE OF NEW YORK DEPARTMENT OF HEALTH OFFICE OF SURVEILLANCE AND EPIDEMIOLOGY</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports</u> , (b)(4) During residence, records shall include: Entries describing treatments and services rendered; <u>FINDINGS</u> Resident #1- Physician ordered blood sugar checks twice a day; however, blood sugar check was not documented on 5/30/23 and 5/31/23.	<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>In the future, to prevent this deficiency from happening again, I as PAB will create a checklist and I will place this checklist in my resident binder. I will refer to this checklist when I do my daily audit.</i></p>	<p style="text-align: center;">4/24/24</p> <p style="text-align: right;">24 MAY - 1 M1 :04</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3: 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; <u>FINDINGS</u> Resident #1- No documented evidence that training was provided by the registered nurse for blood sugar testing. Please submit a copy of the blood sugar checking training delegation with your plan of correction.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>Yes 4/28/24</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Rn- Case manager Lonico completed the Rn delegated Training skills for blood sugar check on her next visit 4/28/24. Documentation has been filed in the resident's records</i></p> <p><i>Copy of training delegation is attached.</i></p>	<p style="text-align: center;"><i>4/28/24</i></p>

STATE OF MICHIGAN
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING

24 MAY -1 AM 1:04

RULES (CRITERIA)

[] §11-100.1-83 Personnel and staffing requirements. (1)
In addition to the requirements in subchapter 2 and 3:

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;

FINDINGS

Resident #1- No documented evidence that training was provided by the registered nurse for blood sugar testing.

Please submit a copy of the blood sugar checking training delegation with your plan of correction.

PLAN OF CORRECTION

PART 2

FUTURE PLAN

USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN; WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?

In the future, to prevent this deficiency from happening again I as PCB will create a checklist and I will place this checklist in my resident binder and remind the RN-CM to review the delegated skills training documentation. I will refer to this checklist when I do my monthly audit.

24 MAY 1 2024
STATE OF MARYLAND
COMPLETION DATE
4/28/24

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><u>FINDINGS</u> Fire drills conducted and documented monthly were consistently from 1200-1800 and not at varied times of the day.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">24 MAY -1 AM 1:04</p>

STATE ELECTRONIC JUDICIAL SYSTEMS

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: Janilda Arreola R

Print Name: Janilda Arreola

Date: 04-30-2024

STATE OF TEXAS
DEPARTMENT OF
TRANSPORTATION

24 MAY -1 AM 1:04