

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| <b>Facility's Name: Klare ARCH/EARCH LLC</b>               | <b>CHAPTER 100.1</b>                        |
| <b>Address:<br/>1067 Ala Liliko'i Street, Hawaii 96818</b> | <b>Inspection Date: May 29, 2024 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 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                             |
|---|--|--|---|
| ☒ | <p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10)<br/>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><b><u>FINDINGS</u></b><br/>Primary caregiver (PCG) – completed only 3 of the required 6 hours of continuing education (CEU).<br/><i>Submit documentation of the 3 hours CEU 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>Enrolled in online CEU (Relias) and took in service trainings related to infection prevention, geriatric identification and management, and common sleep disorders. Please see attached certificate of completion.</p> | <p style="text-align: center;">6/4/2024</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10)<br/> 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><b><u>FINDINGS</u></b><br/> Primary caregiver (PCG) – completed only 3 of the required 6 hours of continuing education.</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>Posted a visual reminders of scheduled in service trainings offered by Project ECHO in KLARE ARCH/EARCH LLC Bulletin Board. Carehome operator will check the contact hours for CEU's attended by PCG/SCG every 4 months. A summary of all attended CEU's by PCG/SCG indicating completed hours and hours to be attended will be kept on ARCH Binder, PCG/SCG Training TAB. If CEU are lacking before end of calendar year, PCG/SCG will enroll in online in service related to care of Adult population to complete the 12 units contact hours.</p> | <p style="text-align: center;">6/4/24</p> |

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date                            |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (a)<br/>All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b><br/>Noted expired canned goods in the pantry.</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>Yes, immediately removed two expired canned goods and disposed.</p> | <p style="text-align: center;">5/29/24</p> |

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|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION   | Completion Date |
|-------------------------------------|--|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 has an order (last reviewed by the physician on 3/7/24) for Albuterol Sulfate 90 mcg/actuation HFA 2 puffs po Q4 hours PRN for SOB. However, medication is not available for PRN administration.</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>Called MD on 5/31/24 to inform that pharmacist unable to refill, per pharmacist need prescription from MD. MD conducted telehealth, per MD Albuterol order not on his medication list on computer. PCG review with MD current medication order and told MD that resident since admission has PRN Albuterol but did not use it. Obtained new order for PRN Albuterol.</p> | <p>5/31/24</p>  |

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| ☒ | <p>§11-100.1-15 <u>Medications.</u> (h)<br/> All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><b>FINDINGS</b><br/> Resident #1 – No documentation that a written confirmation from the physician was obtained for the following telephone orders:</p> <ul style="list-style-type: none"> <li>• Order clarification for Mirtazapin 7.5 mg 1 tab Q6 for insomnia, obtained on 9/22/23 – order was discontinued on 9/28/24</li> <li>• Order clarification for Melatonin 3 mg PRN at bedtime for insomnia, obtained on 9/26/23 – order was changed on 5/13/24.</li> </ul> | <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> |                 |



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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(4)<br/> 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b><br/> Resident #2 – No documentation of initial (2-step) TB clearance.<br/> <i>Submit documentation with your POC.</i></p> | <p style="text-align: center;"><b>PART I</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>Second step TB test administered at Hale Nani on 10/12/23 and read on 10/14/23 with 0mm result. Please see attached vaccine administration record signed by APRN. Record of TB test was on the vaccine administration/clearance TAB.</p> | 10/19/23               |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(4)<br/>           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><br/>           Resident #1—The emergency information sheet was not updated to reflect the correct diet: “Regular, thin liquids.”<br/> <i>Submit documentation 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>Yes, updated the emergency information with current diet order.</p> | <p style="text-align: center;">6/4/24</p> |

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Licensee's/Administrator's Signature: \_\_\_\_\_

EMMA A CABOTE

Print Name: \_\_\_\_\_

7/22/2024

Date: \_\_\_\_\_