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Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Prime Health Services Care Home III	**CHAPTER 100.1**
Address: **45-1122 Cobb-Adams Road, Kaneohe, Hawaii 96744**	**Inspection Date: April 26, 2024 Initial**

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
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. 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: 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; **FINDINGS** Primary Care Giver (PCG) and Substitute Care Giver (SCG) #1 – No Fieldprint result available for department review.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** FIELDPRINT REPORT PRINTED AND FILED AT CARE HOME FOLDER.	7/9/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. 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: 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; **FINDINGS** Primary Care Giver (PCG) and Substitute Care Giver (SCG) #1 – No Fieldprint result available for department review.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO AVOID THIS DEFICIENCY TO HAPPEN AGAIN IN THE FUTURE, PCG HAS MADE A CHECKLIST OF ALL REQUIRED DOCUMENTS FOR CAREGIVERS AND DELEGATED ANOTHER SCG TO DOUBLE CHECK EVERY FIRST WEEK OF THE MONTH AND VERIFY THAT ALL DOCUMENTS ARE CURRENT.	7/9/24 [initials]

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **<u>FINDINGS</u>** SCG #1 – No current annual physical exam.	**PART 1** **<u>DID YOU CORRECT THE DEFICIENCY?</u>** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** CURRENT PHYSICAL EXAM FOR SCG#1 SUBMITTED AND FILED AT CARE HOME BINDER.	7/9/24 [illegible] '24 JUL -9 [illegible]

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **<u>FINDINGS</u>** SCG #1 – No current annual physical exam.	**PART 2** **<u>FUTURE PLAN</u>** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO AVOID THIS DEFICIENCY TO HAPPEN AGAIN IN THE FUTURE, I HAVE MADE A CHECKLIST OF ALL REQUIRED DOCUMENTS FOR CAREGIVERS, AND DELEGATED ANOTHER PCG TO DOUBLE CHECK EVERY FIRST WEEK OF THE MONTH AND VERIFY THAT ALL DOCUMENTS ARE CURRENT.	7/9/24 AD 24 JUL -9 [illegible] 48

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **<u>FINDINGS</u>** SCG #1 – No current tuberculosis clearance.	**PART 1** **<u>DID YOU CORRECT THE DEFICIENCY?</u>** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** CURRENT TB-CLEARANCE FOR RES#1 SUBMITTED AND FILLED AT CARE HOME FOLDER.	7/9/24 [initials] '24 JUL -9

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **<u>FINDINGS</u>** SCG #1 – No current tuberculosis clearance.	**PART 2** **<u>FUTURE PLAN</u>** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO AVOID THIS DEFICIENCY FROM HAPPENING AGAIN IN THE FUTURE, I HAVE MADE A CHECKLIST OF ALL REQUIRED DOCUMENTS FOR CAREGIVERS, AND DELEGATED ANOTHER SCG TO DOUBLE CHECK EVERY FIRST WEEK OF THE MONTH AND VERIFY THAT ALL DOCUMENTS ARE CURRENT.	7/9/24 [initials]

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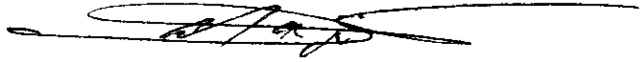
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **<u>FINDINGS</u>** PCG and SCG #1 – No first aid certification.	**PART 1** **<u>DID YOU CORRECT THE DEFICIENCY?</u>** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** CURRENT FIRST AID CERTIFICATE ACQUIRED INCLUDING SCG #1 AND FILED AT CARE HOME FOLDER.	7/9/24 TB '24 JUL -9 AM 9:48

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **<u>FINDINGS</u>** PCG and SCG #1 – No first aid certification.	**PART 2** **<u>FUTURE PLAN</u>** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO AVOID THIS DEFICIENCY TO HAPPEN AGAIN IN THE FUTURE, I HAVE HAVE A CHECKLIST OF ALL REQUIRED DOCUMENTS FOR CAREGIVERS INCLUDING FIRST AID CERTIFICATION AND DELEGATED ANOTHER SCG TO DOUBLE CHECK EVERY FIRST WEEK OF THE MONTH AND VERIFY THAT ALL DOCUMENTS ARE CURRENT.	7/9/24 TD '24 JUL -9 A9:28

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **<u>FINDINGS</u>** PCG and SCG #1 – No cardiopulmonary resuscitation certification.	**PART 1** **<u>DID YOU CORRECT THE DEFICIENCY?</u>** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** CURRENT CPR CERTIFICATE ACQUIRED INCLUDING SCG #1 AND FILED AT CARE HOME FOLDER.	7/9/24 [illegible] '24 JUL -9 A8:48

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **<u>FINDINGS</u>** PCG and SCG #1 – No cardiopulmonary resuscitation certification.	**PART 2** **<u>FUTURE PLAN</u>** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO AVOID THIS DEFICIENCY TO HAPPEN AGAIN IN THE FUTURE, I HAVE MADE A CHECKLIST OF ALL REQUIRED DOCUMENTS FOR CAREGIVERS AND DELEGATED ANOTHER VCG TO MAKE CHECK EVERY FIRST WEEK OF THE MONTH AND VERIFY THAT ALL DOCUMENTS ARE CURRENT.	7/9/24 TR '24 JUL -9 A8:48

Licensee's/Administrator's Signature: 

Print Name: (PRIME HEALTH SERVICES) RAFAEL M. ANTONIO PCG

Date: 7/9/24

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