

State Licensing Section

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: R & B ARCH/E-ARCH LLC	CHAPTER 100.1
Address: 94-912 Kumuao Street, Waipahu, Hawaii 96797	Inspection Date: March 19, 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>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Physician order (last renewed on 12/8/23) for Ensure Plus one can QD not available for resident. Supply on hand is Ensure Original. <i>Clarify the order with the physician and submit documentation with your plan of correction (POC).</i></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><i>YES</i> <i>I corrected the deficiency by obtaining a new order dated 03/19/24 stating Resident #2 may have ensure or ensure plus one bottle a day. See attached Physician order.</i></p>	<p style="text-align: right;"><i>3/28/24</i></p> <p style="text-align: right;">24 APR -4 P 2:15</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medication order dated 6/16/23 for Chest DM syrup not reevaluated and signed timely by the physician. The order was only reevaluated once on 1/24/24.</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; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE SERVICES DIVISION</p> <p style="text-align: right; font-size: x-small;">24 APR -4 P2:15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medication order dated 6/16/23 for Chest DM syrup not reevaluated and signed timely by the physician. The order was only reevaluated once on 1/24/24.</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><i>In the future to make it sure this will not happen again, I will add on my daily check list as a reminder that all medications ordered are reevaluated by the physician / APRN every four months or as ordered by the physician or APRN, not to exceed one year.</i></p> <p><i>See attached checklist.</i></p>	<p style="text-align: right;"><i>3/20/24</i></p> <p style="text-align: right;">*24 APR -4 P 2:15</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><u>FINDINGS</u> Resident #2 – Level of care was changed to expanded ARCH on 12/8/23; however, the case manager (CM) completed the comprehensive assessment on 12/12/23.</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 APR -4 P 2:15</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Care plan (last reviewed by CM on 3/4/24) was not updated to reflect the order change for Miralax 17g to be given daily routinely as ordered on 10/10/23.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>YES</i></p> <p><i>I obtained from the Case Manager an updated Case Plan to reflect the order change for Miralax 17g to be given daily routinely as ordered.</i></p> <p><i>See copy of corrected Case Plan by the Case manager on Miralax Order</i></p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN STATE DEPARTMENT OF HEALTH SERVICES</p>	<p><i>3/20/24</i></p> <p style="text-align: right;">24 APR -4 P 2:14</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)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Care plan (last reviewed by CM on 3/4/24) was not updated to reflect the order change for Miralax 17g to be given daily routinely as ordered on 10/10/23.</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><i>In the future to prevent this from happening again, I will add ^{to} my Case Manager Checklist a reminder that a CM update the care plan during monthly face to face visit as changes occur in the expanded ARCH residents care needs, services and/or interventions. See attached RN case manager checklist.</i></p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN STATE DEPARTMENT OF COMMUNITY CARE SERVICES</p>	<p style="text-align: center;"><i>3/30/24</i></p> <p style="text-align: center;">24 APR -4 P2:14</p>

Licensee's/Administrator's Signature: Remedios Aguinaldo

Print Name: REMEDIOS AGUINALDO

Date: 03/04/24

STATE OF CALIFORNIA
DEPARTMENT OF
STATE LICENSING
24 APR -4 P2:14