

24 JUL 15 P1:49

Office of Health Care Assurance

State Licensing Section

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING SECTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Roselle Ragasa Adult Residential Care Home (ARCH) Corp.	CHAPTER 100.1
Address: 4523 Likini Street, Honolulu, Hawaii 96818	Inspection Date: June 4, 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>§11-100.1-3 <u>Licensing</u>, (b)(1)(1) Application.</p> <p>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:</p> <p>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;</p> <p><u>FINDINGS</u> SCG #1,2 – Current Fieldprint clearance unavailable (2 consecutive years)</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>SCG #1 went to have another fieldprint on 6/17/24</i> <i>SCG #2 went to have another fieldprint on 6/14/24.</i> <i>Both SCG #1,2 have 2 consecutive year 2023 and 2024 for the fieldprint. Fieldprint record placed on the PCG/SCG's binder</i></p>	<p style="text-align: right;"><i>6/20/24</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>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:</p> <p>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:</p> <p><u>FINDINGS</u> SCG #1,2 - Current Fieldprint clearance unavailable (2 consecutive years)</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 style="text-align: center;"><i>Fieldprint records or copies was placed in the PCB/SCG's binder.. A calendar of next fieldprint was made to keep track when is the next fieldprint schedule.</i></p>	<p style="text-align: right;"><i>6/20/24</i></p> <p style="text-align: right;">24 JUN 24 PM 1:26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p>FINDINGS Resident #1,2 – Special diet menu for chopped diet unavailable for review</p> <p>Submit a copy of menu with 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>A special diet menu for chopped diet was made, submitted a copy to [REDACTED] OHCA nutritionist for review. A copy also was submitted to nurse consultant [REDACTED]</p> <p style="text-align: right;">6/29/24</p> <p style="text-align: right;">JUN 24 P1:26</p>	<p style="text-align: right;">24</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> PCG reports cooking residents' meals to 100°F, below the safe minimum cooking temperature of 165°F.</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 JUN 24 P1:27</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Physician prescribed two different diet orders, “No added salt, no concentrated sweets/starch, low saturated fat/cholesterol diet” and “regular”, at the physician’s visit (10/24/23); however, no clarification made with physician to discontinue one diet order.</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(C) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be free from chemical and physical restraints and not be humiliated, harassed, or threatened.</p> <p>FINDINGS Resident #2 – Resident observed sitting in wheelchair with seatbelt on; however, physician's order for seatbelt use unavailable</p> <p>Submit a copy of restraint order with 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>Obtained doctors order for the seatbelt use on residents wheelchair on 6/13/2024. A consent from the family was obtained, and placed in the residents chart with order and consent. A copy was sent to OHCA nurse consultant.</p>	<p style="text-align: right;">6/20/24</p> <p style="text-align: right;">24 JUN 24 P1:27</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> No monthly fire drills were performed during hours of darkness between 7/2023-6/2024</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 JUN 24 P1:27</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p>FINDINGS No single-use towels or assigned hand towels for each resident in shared bathroom</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>Each residents was provided individual hand towels/ face towels assigned for each residents used after washing their hands or using the bathroom.</i></p> <p style="text-align: right;">6/28/24</p>	<p style="text-align: right;">24 JUN 24 P1:27</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Kitchenette includes a sink, microwave, and refrigerator</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>Microwave for heating residents food was removed in the kitchenette after inspection.</i></p>	<p style="text-align: center;"><i>6/20/24</i></p>

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Roselle Ragasa

Licensee's/Administrator's Signature: _____

Print Name: Roselle Ragasa _____

Date: 07/11/2024 _____

24 JUL 15 P 1:50

STATE OF CALIFORNIA
DIVISION OF PROFESSIONAL REGULATION