Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Simpliciano's ARCH	**CHAPTER 100.1**
Address: **94-106 Kaupu Place, Waipahu, Hawaii 96797**	**Inspection Date: March 28, 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
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Substitute Caregiver (SCG) #1 – Current annual physical examination unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG #1 I obtained current annual physical examination for SCG #1 attached copy of current annual physical examination for SCG#1 STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING	4-3-24

'24 APR 19 P2:12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Substitute Caregiver (SCG) #1 – Current annual physical examination unavailable for review. Submit a copy with 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?** SCG #1 In the future, I will use a checklist of required items needed for all my substitute caregivers. I will not allow them to work without it. '24 APR 19 P2:12 STATE LICENSING	4-5-24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #1 – Initial tuberculosis (TB) clearance unavailable for review. Submit a copy with 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?** SCG #1 In the future, I will use a checklist of required items needed for all my substitute caregivers. I will not allow them to work without it.	4-3-24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #1 – Current annual tuberculosis (TB) clearance unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG #1 - annual TB clearance obtain. See attached STATE OF HAWAII DEPT OF HUMAN SERVICES STATE LICENSING '24 JUN 25 A10:28	6/25/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #1 – Current annual tuberculosis (TB) clearance unavailable for review. Submit a copy with 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?** SCG #1 In the future, I will use a checklist of required items needed for all my substitute caregivers. I will not allow them to work without it. STATE OF HAWAII DOH-BHA STATE LICENSING	4-3-24

'24 APR 19 P2:12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. **FINDINGS** Resident #1 – Special diet menu for "regular soft bite sized" diet. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1 I obtained the most recent Resident Annual Physical Examination Record for Resident #1 from PCP showing pureed solids, thin liquids, Special diet menu. Attached copy for menu for pureed diet is in place / posted	4-1-24

STATE OF HAWAII
DOH-ADCA
STATE LICENSING
'24 APR 19 P2:12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. **FINDINGS** Resident #1 – Special diet menu for "regular soft bite sized" diet. Submit a copy with 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?** Reminder note has been posted on the care home binder to post special diet menus as soon as they are ordered. STATE LICENSING DEPT OF STATE OF VERMONT '24 JUN 25 AM 9:29	6/25/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation. **FINDINGS** Primary Caregiver (PCG) reports food temperature is not obtained when cooking food prior to serving to residents	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** PC G I obtained the right food temperature when cooking food prior to serving to residents from my nurse consultant is 165 degrees. STATE OF HAWAII BON-ADA STATE LICENSING	3-29-24 '24 APR 19 P2:12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation. **FINDINGS** Primary Caregiver (PCG) reports food temperature is not obtained when cooking food prior to serving to residents	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG insurance Staff on safe cooking and reheating temperature. Staff cook food 165 degrees, minimum.	6/25/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Medication administration record (MAR) dated 2/27/24-3/11/24 states, "Acetaminophen 325mg – Take 2 tabs by mouth every 6 hours as needed"; however, PRN indication unavailable. Medication order was incomplete.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** Resident #1 I will cross check the medication administration record (MAR) discrepancy. PRN. corrected PCP - Dr. notified STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING	4-2-24 '24 APR 19 P2:12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Medication administration record (MAR) dated 2/27/24-3/11/24 states, "Acetaminophen 325mg – Take 2 tabs by mouth every 6 hours as needed"; however, PRN indication unavailable. Medication order was incomplete.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Reminder note was posted on the residents binders to review all medication orders to ensure PRN indications is provided for as needed medication. Review orders before leaving doctors office.	6/25/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician's order dated 2/27/24 states, "QC calcium/minerals/vitamin D 600-400mg unit tabs – Take 1 tab by mouth two times per day"; however, supplement unavailable in medication inventory. Resident being provided Calcium 600mg supplement, only.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** QC calcium minerals/vitamin D 600-400mg. unit tabs was obtained and now being administered. STATE LICENSING 24 JUN 25 AM 9:29	6/25/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician's order dated 2/27/24 states, "QC calcium/minerals/vitamin D 600-400mg unit tabs – Take 1 tab by mouth two times per day"; however, supplement unavailable in medication inventory. Resident being provided Calcium 600mg supplement, only.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** all staff was inservice by PCG to remind them to check new medication bottles again physician orders to ensure the medication matches the order.	6/25/24

STATE LICENSING
STATE OF IOWA
24 JUN 25 AM 10:29

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – The following medication orders dated 3/11/24 are incomplete (dosage and frequency of administration missing): • Calcium/vitamin D3 250-125mg-unit tablet • Cholecalciferol (vitamin D3) 2000unit Cap • Levothyroxine 75mcg tablet • MVM tablet Submit revised medication orders with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The medication orders were corrected by adding the frequency and dosage. STATE OF HAWAII DOH-SHCO STATE LICENSING '24 APR 19 P2:11	4-2-24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – The following medication orders dated 3/11/24 are incomplete (dosage and frequency of administration missing): • Calcium/vitamin D3 250-125mg-unit tablet • Cholecalciferol (vitamin D3) 2000unit Cap • Levothyroxin 75mcg tablet • MVM tablet Submit revised medication orders with 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?** Reminder note was posted to the resident binder to review all incoming medication orders to ensure the include the dosage and frequency for each medication / Supplement. STATE LICENSING 24 JUN 25 A10:29	6/25/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – physician's order dated 3/11/24 states, "metoprolol succinate XL 25mg tab 24 hr – Take 0.5 tabs by mouth daily"; however, 3/2024 MAR shows resident is being administered one (1) tab instead of a ½ half tab. Submit a copy of revised MAR with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The MAR was corrected by writing in the correct amount of tabs as ordered.	4-2-24

STATE OF HAWAII
DOH-BHA
STATE LICENSING

'24 APR 19 P2:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – physician's order dated 3/11/24 states, "metoprolol succinate XL 25mg tab 24 hr – Take 0.5 tabs by mouth daily"; however, 3/2024 MAR shows resident is being administered one (1) tab instead of a ½ tab. Submit a copy of revised MAR with 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, my SCG will assist in checking the MAR to make sure it matches the doctor's order and medication bottle label '24 APR 19 P2:11 STATE OF HAWAII DCH-SICA STATE LICENSING	4-2-24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 – Admission assessment is not signed by resident/resident representative. Submit signed copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I obtained the information of who is responsible for the admission assessment and completed and signed the admission assessment by the resident family guardians. STATE OF HAWAII DEPT. OF HSA STATE LICENSING	4-1-24 '24 APR 19 P2:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 – Admission assessment is not signed by resident/resident representative. Submit signed copy with 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, I will use a checklist of items required on admission. I will mark it off as I obtain each item. STATE OF HAWAII BOARD OF STATE LICENSING	4-1-24

'24 APR 19 P2:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. **FINDINGS** Resident #1 · Resident financial statement unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I obtained the information of who is responsible for the resident's finances and completed and signed the financial statement by the resident's family guardians. Copy attached STATE OF HAWAII BOARD OF NURSING STATE LICENSING	4-1-24

'24 APR 19 P2:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. **FINDINGS** Resident #1 – Resident financial statement unavailable for review. Submit a copy with 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, I will use a checklist of items required on admission. I will ~~make~~ mark it off as I obtain each item. STATE OF HAWAII DOH-BHA STATE LICENSING '24 APR 19 P2:11	4-1-24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: 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; **FINDINGS** No monthly fire drills performed during hours of darkness between 3/2023-2/2024.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** In the future, the date and evening times for fire drills will be written on the calendar for a reminder. STATE OF HAWAII DCAB - CHCA STATE LICENSING '24 APR 19 P2:11	4-1-24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: 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; **FINDINGS** No monthly fire drills performed during hours of darkness between 3/2023-2/2024.	**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, the date and evening times for fire drills will be written on the calendar for a reminder. STATE OF HAWAII DCCA-BEARS STATE LICENSING	4-1-24

'24 APR 19 P2:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 substitute caregivers were trained on providing daily personal care and specialized care (e.g., gait belt use, aspiration precautions, seizure training) by the case manager. Submit copy of completed trainings with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The Substitute caregiver received training for daily personal and specialized care provided to the client with the guidance and supervision of the Nurse case manager on 4-1-24. STATE EXAMINER OSH-SHCA STATE LICENSING	4-5-24

'24 APR 19 P2:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 substitute caregivers were trained on providing daily personal care and specialized care (e.g., gait belt use, aspiration precautions, seizure training) by the case manager. Submit copy of completed trainings with 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?** PCG will ensure that the substitute caregivers will received training on how to provide personal and specialized case, if any during admission, by completing a checklist (CIP) signed by the caregivers and the Nurse Case manager conducting the training. PCG and substitute caregivers will continue to recieve training on a regular basis depending on the need of the client, and documented on the monthly assessment report by the Nurse Case Manager.	4-5-24

STATE OF HAWAII
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OFFICE OF LICENSING
'24 APR 19 P2:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions. **FINDINGS** Resident #1 – Care plan states, "[resident's name] will have ICP changed and be cleaned up thoroughly every 2 hours and as needed to keep skin and coccyx area dry and clean" and "[resident's name] will be repositioned every 2 hours and as needed while in bed or in her wheelchair"; however, no documented evidence these tasks are being done in a time-sensitive manner.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Documentation is modified to reflect that repositioning and ICP changes are done accordingly as stated in the care plan.	4-2-24

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING

'24 APR 19 P2:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions. **FINDINGS** Resident #1 – Care plan states, "[resident's name] will have ICP changed and be cleaned up thoroughly every 2 hours and as needed to keep skin and coccyx area dry and clean" and "[resident's name] will be repositioned every 2 hours and as needed while in bed or in her wheelchair"; however, no documented evidence these tasks are being done in a time sensitive manner.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make sure to document in completing the tasks in the flow sheet on a daily basis and progress notes at least weekly. Turning & Repositioning - q 2° Bowel movement - when + BM mark as (+) Bladder Diaper / Incontinence - Δ q 2° Staff was inservice and reminded to document every reposition every 2 hrs.	6-4-24 6/25/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(2) 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: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; **FINDINGS** Resident #1 – Care plan states, "PCG will follow diet order – pureed foods"; however, current diet order dated 11/6/23 states, "regular soft, bite sized". Care plan does not reflect physician's diet order. Submit revised care plan with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The most recent Resident annual Physical Examination Record showed pureed solids thin liquids. No correction necessary. STATE OF HAWAII DOH-HSQB STATE LICENSING '24 APR 19 P2:11	4-2-24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(2) 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: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; **FINDINGS** Resident #1 – Care plan states, "PCG will follow diet order – pureed foods"; however, current diet order dated 11/6/23 states, "regular soft, bite sized". Care plan does not reflect physician's diet order. Submit revised care plan with 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?** PCG will review diet orders with case manager at each monthly visit to ensure the care plan reflects the current diet orders. Reminders written on calendars. STATE LICENSING DEPT. OF HEALTH STATE CERTIFICATE 24 JUN 25 AM 10:29	6/25/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(2) 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: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; **FINDINGS** Resident #1 – Care plan states, "[resident's name] will always have her seat belt on when she is in her wheelchair" and "Ensure that [resident's name] fully padded bed rails is always raised when she is in bed"; however, no physician's orders available for these restraints. Submit revised care plan or physician's orders with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I obtained orders to apply seat belt when in her wheelchair and the use of bed rails when she is in bed. STATE OF HAWAII DOH-CHSD STATE SURVEY	4-8-24

'24 APR 19 P2:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(2) 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: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; **FINDINGS** Resident #1 – Care plan states, "[resident's name] will always have her seat belt on when she is in her wheelchair" and "Ensure that [resident's name] fully padded bed rails is always raised when she is in bed"; however, no physician's orders available for these restraints. Submit revised care plan or physician's orders with 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?** PCG will review restraints orders with Case manager at each monthly visit to ensure the care plan reflects current restraints orders. Reminder written on calendar. STATE OF HAWAII DOH BECV STATE LICENSING 24 JUN 25 AM 8:29	6/25/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(2) 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: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; **FINDINGS** Resident #1 – Medication orders not reflected in current care plan. Submit revised care plan with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Medication management is included in the CP. Followed MD instructions when administering these medications. STATE OF HAWAII DOH-OHCA STATE LICENSING '24 APR 19 P2:11	4-2-24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(2) 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: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; **FINDINGS** Resident #1 – Medication orders not reflected in current care plan. Submit revised care plan with 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?** PCG will review all current medication orders with Case manager at each monthly visit to ensure care plan reflects all current medication orders. Reminders written on calendars STATE LICENSING RECEIVED 24 JUN 25 AM 9:29	6/20/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(2) 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: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; **FINDINGS** Resident #1 – Care plan states, "Avoid the following foods and beverages: fried and processed foods, dairy and meat products and drinking soda, coffee, and tea since she is on hypertensive and cholesterol medications"; however, no food or drink restrictions ordered by physician. Only diet order prescribed is "regular soft, bite sized". Submit revised care plan with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG will obtain revised current care plan that reflects diet order. See attached. STATE LICENSING '24 JUN 25 AM 9:29	6/25/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(2) 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: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; **FINDINGS** Resident #1 – Care plan states, "Avoid the following foods and beverages: fried and processed foods, dairy and meat products and drinking soda, coffee, and tea since she is on hypertensive and cholesterol medications"; however, no food or drink restrictions ordered by physician. Only diet order prescribed is "regular soft, bite sized". Submit revised care plan with 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?** PCGs will review diet order with care manager at each monthly visit to ensure the care plan reflects the current diet order. Reminder written on calendar STATE LICENSING 24 JUN 25 AM 10:29	6/25/24

Licensee's/Administrator's Signature: Ophelia C. Simpliciano

Print Name: OPELIA C. SIMPLICIANO

Date: 6/25/24