

Redd 9/9/24

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Acervea ARCH 1, LLC	CHAPTER 100.1
Address: 94-462 Alapine Street, Waipahu, Hawaii 96797	Inspection Date: May 24, 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)(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> Substitute Care Giver (SCG) #1, #2, #3, Household member (HM) #1 – Fieldprint available only from 2022. This does not meet the department requirement.</p> <p>Please submit copies with your plan of correction (POC).</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>The day after the Inspection I checked on the fieldprint copies of SCG#1, SCG#2, SCG#3 and HM#1. Available copies placed on file. But SCG#3 and HM#1 have no fieldprint for 2023. so they will need to do again a two year consecutive fingerprinting. Copies are submitted</p>	<p>05/25/2024</p>

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	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><u>FINDINGS</u> Menus posted in residents' dining area was too small for the residents to see.</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>The day after the department visit I already made a bigger copy of the menu plan and posted it in the dining area so that the residents can read it clearly.</p>	05/25/2024

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<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><u>FINDINGS</u> Menus posted in residents' dining area was too small for the residents to see.</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>To ensure that this will not happen again I make it sure that the menus will be posted everyday in the kitchen and dining area and print it bigger so that the residents can read it.</p>	05/25/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2 was on a renal diet. The menus do not meet the renal diet requirements.</p> <p>Please submit weekly menus for department review.</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>The day after the department left I already start reviewing and revising my Renal diet menu plan and tried to ask questions and some suggestions from the dietician regarding this menu of my resident. After being reviewed I finalized the menu and printed it and posted it in the dining area. Copy is submitted.</p>	06/18/2024

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> A bottle of Hydrogen Peroxide was left unsecured in residents' dining area.</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>Right after the Department left I took out the bottle of hydrogen peroxide and placed it in safe storage.</p>	<p>05/24/2024</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) 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 #1 – Per medication administration record (MAR), Cephalexin 500mg 1 cap BID was given for 7 days from 12/19/2023. There was no physician’s 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>§11-100.1-15 <u>Medications.</u> (h) 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><u>FINDINGS</u> Resident #1 – “Polyethylene glycol 3350, 17gram powder, Take 17g by mouth 2 times a day. Dissolve 1 heaping tablespoon (17g) in 8 ounces of liquids” was ordered on 1/26/2024, 1/31/2024, 3/12/2024. Per MAR, the medication was last given on 2/12/2024 am. Also, the 3/19/2024 am dose was initialed as given. PCG stated that the medication ran out on 2/12/2024 and gave the small amount of powder left in the container to the resident on 3/19/2024. Per PCG, a verbal order to discontinue was given during the 2/12/2024 office visit. The order was not documented in physician’s order sheet.</p> <p>Please clarify with the physician and obtain on order.</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>The day after the department visit I called the physician to obtain an order to discontinue the medication but the physician is not in. So I decided to just request an order in June 4rth supposed to be the appointment of my resident but we did not go because the resident was in the hospital for having a heavy loose bowel movement. But I tried to call the clinic and I was able to talk to a nurse asking a favor to get this order from the doctor and she answered yes. But when I called again I can not received an answer. Every time I call they are always with the patient. they keep telling to call me back but never they did.</p> <p style="text-align: center;"><i>The medication was dis continued.</i></p>	<p>06/20/2024</p> <p style="text-align: right;"><i>9/9/24</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – PCG stated that an order for Ziprasidone HCL <u>60 mg</u> was received on 1/31/2024 at office visit. February 2024 MAR listed “Ziprasidone HCL 80 mg.” MAR was changed to “Ziprasidone HCL 60 mg capsule Take 1 capsule by mouth daily” on 3/1/2024.</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>	

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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 – Per MAR, “Ziprasidone HCL 60 mg Capsule Take 1 capsule by mouth daily” was started on 3/1/2024. There was no physician’s order. Not recorded in progress notes.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 visited Emergency Department (ED) on 1/26/2024 for constipation. No incident report was generated.</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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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) 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><u>FINDINGS</u> Resident #1 – Documented weight for December 2023, January 2024, February 2024 in the “HEIGHT AND MONTHLY WEIGHT RECORD” form and progress notes were not consistent.</p> <table border="0" style="margin-left: 40px;"> <thead> <tr> <th style="text-align: left;">Progress notes</th> <th style="text-align: left;">HEIGHT AND MONTHLY WEIGHT RECORD</th> </tr> </thead> <tbody> <tr> <td>12/2023 123 lbs.</td> <td>120 lbs.</td> </tr> <tr> <td>1/2024 not recorded</td> <td>129 lbs.</td> </tr> <tr> <td>2/2024 126 lbs.</td> <td>130 lbs.</td> </tr> </tbody> </table>	Progress notes	HEIGHT AND MONTHLY WEIGHT RECORD	12/2023 123 lbs.	120 lbs.	1/2024 not recorded	129 lbs.	2/2024 126 lbs.	130 lbs.	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	
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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) 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><u>FINDINGS</u> Resident #1 – Documented weight for December 2023, January 2024, February 2024 in the “HEIGHT AND MONTHLY WEIGHT RECORD” form and progress notes were not consistent.</p> <table border="0" data-bbox="321 683 892 857"> <thead> <tr> <th></th> <th>Progress notes</th> <th>HEIGHT AND MONTHLY WEIGHT RECORD</th> </tr> </thead> <tbody> <tr> <td>12/2023</td> <td>123 lbs.</td> <td>120 lbs.</td> </tr> <tr> <td>1/2024</td> <td>not recorded</td> <td>129 lbs.</td> </tr> <tr> <td>2/2024</td> <td>126 lbs.</td> <td>130 lbs.</td> </tr> </tbody> </table>		Progress notes	HEIGHT AND MONTHLY WEIGHT RECORD	12/2023	123 lbs.	120 lbs.	1/2024	not recorded	129 lbs.	2/2024	126 lbs.	130 lbs.	<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>To ensure that this will not happen again I must see to it that all data that I recorded should be consistent, accurate and current. what is recorded in home binder, height and monthly weight should be the same with the data that I recorded in the progress notes.</p> <p><i>I will review all records at the end of the month and update as needed.</i></p>	<p>05/30/2024</p> <p><i>9/9/24</i></p>
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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> "Admitted From" recorded as "Foster Home" for one (1) current resident. Facility name was not recorded. Corrected during inspection.</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>To ensure that this will not happen again I will use the admission checklist to remind myself to see to it that upon admission of a resident I should record the exact name of the facility or home where he came from.</p>	<p>06/01/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1 – No record that 42 lbs. weight gain from 103 lbs. (November 2023) to 145 lbs. (May 2024) was reported to physician.</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>The resident is gaining weight but I didn't realize that it's too fast. So I was not able to report yet to the physician because I was planning to inform and discuss it to her on our next visit on June 4th. But since I know that she's gaining weight I already start watching her diet by giving her more vegetables rich in fiber and more fluid intake and encouraging her to have exercise.</p> <p><i>The weight gain was reported to the physician at office visit. in 2024. 6.</i></p>	<p>06/02/2024</p> <p>9/9/24</p>

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☒	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1 – No record that 42 lbs. weight gain from 103 lbs. (November 2023) to 145 lbs. (May 2024) was reported to physician.</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>In the future I will make sure that all significant or unusual changes in resident's status should be reported to his/her physician as soon as possible and recorded it in the progress notes and physician's order sheet.</p>	<p>06/02/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> No signaling device in one (1) of two (2) residents' bathrooms. Corrected during inspection.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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Licensee's/Administrator's Signature: Imelda A. Veá Imelda A. Veá

Print Name: Imelda A. Veá

Date: Jun 20, 2024 9/9/2024