

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Charity Adult Residential Care Home/E-ARCH II	<b>CHAPTER 100.1</b>
<b>Address:</b> 1563 Molina Street, Honolulu, Hawaii 96818	<b>Inspection Date: July 29, 2024 Annual</b>

**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>§11-100.1-13 <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><b><u>FINDINGS</u></b> Resident #1-3 – Special diet menus unavailable for the following diets:</p> <ul style="list-style-type: none"> <li>• Resident #1 – Heart Healthy, soft, thin liquid</li> <li>• Resident #2,3 – Regular, pureed, honey thickened liquid</li> </ul> <p>Submit a copy of diet menus with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG contacted Ms. Annette Jackson, DOH Nutritionist via email and sought guidance regarding how to address these Special diet menus.</p> <p>PCG, with Ms. Jackson's help, revised the current posted monthly menu and added both special diets- for Resident #1, Heart Healthy, Soft, thin liquid and for Residents #2, 3- Regular, pureed, honey thickened liquid.</p> <p>The revised menu is posted in the kitchen and dining area to reflect changes for Special diet menus.</p>	<p>8/13/2024</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 preparing meals to 110°F, below the minimum safe temperature of 165°F</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p>PCG reviewed the rules regarding proper temperature requirement for preparing meals, posted the correct safe temperature of 165 degrees Fahrenheit on the fridge for reminder, and reinforced teaching with SCGs</p>	<p style="text-align: center;">8/12/2024</p>

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<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><b><u>FINDINGS</u></b> PCG reports preparing meals to 110°F, below the minimum safe temperature of 165°F</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, PCG/SCG will make sure that the minimum safe temperature of 165 degrees Fahrenheit is met by utilizing a metal thermometer to check the food being prepared to avoid potential hazard in food preparation.</p>	<p style="text-align: center;">8/12/2024</p>

	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><b><u>FINDINGS</u></b> Resident #1 – Resident’s response to daily/PRN medications unavailable on 6/2023 and 5/2023 progress note</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p>PCG documented resident's responses to daily scheduled medications for the months of May and June 2024 Progress Notes.</p>	<p style="text-align: center;">7/29/2024</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)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p><b><u>FINDINGS</u></b> Bedroom #1 – Video surveillance monitor displaying another resident's room was found on bedroom dresser. Per facility policy, monitor screen should be located near the caregivers' view and away from other residents.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG/SCG removed the video surveillance monitor in bedroom #1.</p> <p>Caregiver training was done regarding Use of Surveillance Cameras to reinforce education and compliance.</p>	<p>7/29/2024</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><b><u>FINDINGS</u></b> Bedroom #1 – Signaling device unavailable at bedside</p> <p>Bathroom #2 – Signaling device unavailable</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>-Bedroom #1- SCG fixed the electric call bell by adjusting the wiring connection and increasing the volume in the main chime box.</p> <p>Bathroom #2- SCG fixed the electric call bell by releasing the stuck button on the handle that prevented the device from sending the signal to the chime box</p> <p>Caregiver training was done regarding the use of Signaling device. Instructed SCGs to report to PCG as soon as malfunction in the device is discovered to quickly repair and address issue.</p>	<p style="text-align: center;">7/29/24</p>

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<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><b><u>FINDINGS</u></b> Bedroom #1 – Signaling device unavailable at bedside</p> <p>Bathroom #2 – Signaling device unavailable</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Bedroom #1- In the future, PCG/SCG will make sure that signaling device (s) are working properly by checking the device (s) daily and as needed.</p> <p>Bathroom #2- In the future, PCG/SCG will make sure that signaling device is working properly by checking the device daily and as needed.</p> <p>SCGs to report to PCG if any of the signaling devices are malfunctioning in order to repair and address the issue upon discovery. CG teaching will be done on a monthly and as needed basis to reinforce education and compliance.</p>	<p style="text-align: center;">7/29/2024</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><b><u>FINDINGS</u></b>  Bedroom #2 – Oxygen in use sign not posted on bedroom door or at entrance of home despite oxygen tank stored in corner of bedroom</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG posted Oxygen in Use sign on bedroom #2 door and at the entrance of the home.</p> <p>PCG gave teaching to SCGs regarding Oxygen Administration/Use and reviewed instructions provided by equipment supplier to ensure safety and to reinforce education and compliance.</p>	<p style="text-align: center;">7/29/2024</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> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b><u>FINDINGS</u></b> Heating element (microwave), cooling element (refrigerator), and faucet with running water located in kitchenette</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG removed the microwave on the countertop in the wet bar/kitchenette area.</p>	<p>7/29/2024</p>

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Licensee's/Administrator's Signature: N. Decastro, PCG

Print Name: Nette F. DeCastro

Date: 8/13/2024