

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: <b>Jessie's E-ARCH</b>	<b>CHAPTER 100.1</b>
Address: <b>94-1591 Waipahu Street, Unit A, Waipahu, Hawaii 96797</b>	<b>Inspection Date: June 14, 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).**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> Substitute caregiver (SCG) #1- No documented evidence of first aid certification.</p> <p><b>Please provide a copy of first aid certification with your plan of correction.</b></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>Substitute caregiver (SCG #1) obtained their first aid certification on June 21th, 2024. The copy is filed in PCG binder.</p>	06/21/24

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Residents' inventories of all personal items brought into the Type I ARCH were not maintained.</p> <table border="1" data-bbox="331 521 959 711"> <thead> <tr> <th>Resident's Number</th> <th>Last Maintained Date</th> </tr> </thead> <tbody> <tr> <td>#1</td> <td>12/2022</td> </tr> <tr> <td>#2</td> <td>4/26/22</td> </tr> <tr> <td>#3</td> <td>5/1/23</td> </tr> <tr> <td>#4</td> <td>5/16/23</td> </tr> <tr> <td>#5</td> <td>8/2022</td> </tr> </tbody> </table>	Resident's Number	Last Maintained Date	#1	12/2022	#2	4/26/22	#3	5/1/23	#4	5/16/23	#5	8/2022	<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>I made an inventory of all of the resident's personal items and filed it in their respective charts</p>	06/27/24
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<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 #3- No documentation that the physician was made aware of the fluctuation in weight change.</p> <table border="1" data-bbox="342 727 966 1013"> <thead> <tr> <th>Date</th> <th>Height and Weight Record</th> <th>Progress Note Record</th> </tr> </thead> <tbody> <tr> <td>6/2023</td> <td>150 lbs</td> <td>150 lbs</td> </tr> <tr> <td>7/2023</td> <td>160 lbs</td> <td>N/A</td> </tr> <tr> <td>8/2023</td> <td>160 lbs</td> <td>160 lbs</td> </tr> <tr> <td>9/2023</td> <td>150 lbs</td> <td>151.2 lbs</td> </tr> <tr> <td>10/2023</td> <td>150 lbs</td> <td>N/A</td> </tr> <tr> <td>11/2023</td> <td>150 lbs</td> <td>150 lbs</td> </tr> <tr> <td>12/2023</td> <td>160 lbs</td> <td>150 lbs</td> </tr> </tbody> </table>	Date	Height and Weight Record	Progress Note Record	6/2023	150 lbs	150 lbs	7/2023	160 lbs	N/A	8/2023	160 lbs	160 lbs	9/2023	150 lbs	151.2 lbs	10/2023	150 lbs	N/A	11/2023	150 lbs	150 lbs	12/2023	160 lbs	150 lbs	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	
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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) 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>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><b><u>FINDINGS</u></b> During inspection, temperature of hot water at plumbing fixtures used by residents was within the range of 80°-90°F.</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>I checked the circuit breaker if it was tripped and reset it. I called a plumber to check the tank for sediments and minerals that may affect the tank's clogging and heating element. The tank was flushed. I ran the water after the plumber came to fixed it, and to check. Water temperature now ranged between 100 to 120 degrees</p>	06/27/24

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (k) Storage space for resident's luggage and other bulky items and equipment shall be provided and located in a safe and convenient place.</p> <p><b><u>FINDINGS</u></b> During inspection, cabinet for storage space in Bedroom #2 was broken.</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>The cabinet in bedroom #2 was fixed prior to removing/relocating to the other room since it is not being utilized. The room is now spacious and less cluttered.</p>	06/27/24

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9)  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>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><b><u>FINDINGS</u></b>  Resident #1- No documented evidence that the case management services provided ongoing evaluation and monitoring of the care giver's skills for SCG #2 and SCG #3.</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>I called my case manager regarding this deficiencies and ask her to provide caregiving training and skills to SCG #2 and SCG #3. The case manager provided delegations and training to both substitute caregivers . Documents filed in PCG's binder.</p>	06/27/24

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Licensee's/Administrator's Signature:  \_\_\_\_\_

Print Name: Jessie Villanueva

Date: Jun 27, 2024