

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Lilibeth Badua E-ARCH</b>	<b>CHAPTER 100.1</b>
<b>Address: 4318 Laakea Street, Honolulu, Hawaii 96818</b>	<b>Inspection Date: July 18, 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>FINDINGS</b>            Resident #2 – Low-sodium diet (2gram Na) menu unavailable for review.</p> <p>Submit a copy 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>Low Sodium diet (2 gram Na) menu now posted in the kitchen &amp; in a conspicuous place in the dining area.</p> <p>* copy of menu attached</p>	<p>7-19-24</p>

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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><b><u>FINDINGS</u></b> Resident #2 - Low-sodium diet (2gram Na) menu unavailable for review.</p> <p>Submit a copy with plan of correction.</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><i>In the future when a diet is ordered menu will be posted immediately for department &amp; residents to review. To ensure that it will not happen again prepared 4 cycles of Menus plus special diets are available &amp; ready at all times, I will add 'Menu' on my weekly check list guide to update &amp; review, use a magnetic board to put on the refrigerator's door for daily reminder. Will train all caregivers what to prepare. Will post also diet of all residents, &amp; likes &amp; dislikes of food as a guide to follow by all caregivers</i></p> <p style="text-align: right;"><i>updated 9-2-24</i></p>	<p style="text-align: right;"><i>7-19-24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 – Physician's order dated 1/31/24 states, "Give her liquid antacids like Mylanta or Gaviscon together with pantoprazole"; however, order did not indicate which medication, dosage, and frequency. Medication order incomplete.</p> <p>Submit updated physician's order 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><i>Called the Primary Care Physician right away, asked for the complete written order, verification of the medicine. Received a copy, which contained the resident's name, name of medication, dosage, frequency, date ordered. Entered documentation on progress notes for complete instruction of the medicine, as well as in the medication administration record so that all caregivers can clearly understand &amp; follow the order.</i></p> <p><i>* copy of the order attached</i></p>	<p style="text-align: right;"><i>7-24-24</i></p>

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<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><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 1/31/24 states, “Give her liquid antacids like Mylanta or Gaviscon together with pantoprazole”; however, order did not indicate which medication, dosage, and frequency. Medication order incomplete.</p> <p>Submit updated physician’s order with plan of correction.</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><i>To avoid same incident in the future I will clarify the order while with the doctor before leaving the office, should be done immediately, read &amp; double check the order written, clear with complete medication name, dosage &amp; frequency of administration. when going to doctor's appointments I will make &amp; bring a check list of questions to ask &amp; check like: what's the name of the medication, or treatment, is the order written complete &amp; medication name, dosage &amp; frequency of administration, can it be crushed or mixed &amp; other meds, what time best to give, expected interactions &amp; side effects to watch &amp; need to report will train all caregivers what to check before giving a medicine (6 Rights) of safe medication administration. Right patient's name, Right medication label match the order, Right strength &amp; dosage match the order, Route Right time &amp; Right documentation.</i></p>	

7-24-24

updated  
9-2-24

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<input checked="" type="checkbox"/>	<p>§11-1001-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 – Physician’s order dated 1/31/24 states, “Give her liquid antacids like Mylanta or Gaviscon together with pantoprazole”; however, order did not indicate which medication, dosage, and frequency. Medication order incomplete.</p> <p>Submit updated physician’s order with plan of correction.</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><i>To avoid same incident in the future, clarify the order with PCP while with the doctor, should be done immediately, double check &amp; read document again, check if it is clear, complete &amp; understood, do any correction before leaving the doctor's office &amp; check before giving the medicine ordered. If needed to be corrected call MD right away to be changed.</i></p>	<p style="text-align: right;">7-24-24</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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 – Progress notes for the following months do not include resident's response to medications: 7/2023, 1/2024, 4/2024</p>	<p style="text-align: center;"><b>PART 1</b></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>	

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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><u>FINDINGS</u> Resident #1 – Progress notes for the following months do not include resident's response to medications: 7/2023, 1/2024, 4/2024</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><i>In the future, record &amp; report on a monthly progress notes shall be completed using the form APCH 22C, I will complete &amp; answer all questions asked, never leave a blank unanswered, need to double check before signing &amp; putting in the chart. To prevent a similar deficiency from recurring I will make a check list guide to use to address what to include to report &amp; record in a monthly progress note or any report, for resident's response to medications will include the daily, &amp; PRN. I will train all caregivers that a complete documentation should be done immediately when any incident occurs also using a post it to flag, that is telling 'need to do something', or to complete on that page of the chart &amp; as a reminder that there is missing &amp; need to be completed.</i></p>	<p style="text-align: right;">7-18-24</p> <p style="text-align: right;"><i>updated 9-2-24</i></p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 Resident accounts. (d)            An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b>FINDINGS</b>            Resident #1 - Current inventory of possessions unavailable</p> <p>Submit a copy 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><i>Updated inventory made &amp; kept list on file, recounted all belongings to be accurate</i></p>	<p style="text-align: center;">7-18-24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts</u>. (d)            An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u>            Resident #1 - Current inventory of possessions unavailable</p> <p>Submit a copy with plan of correction.</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><i>Will keep on an ongoing basis, will include inventory of possessions on my monthly to do check list to be followed, will instruct &amp; train all caregivers.</i></p> <p><i>* Inventory of possessions list attached</i></p>	<p style="text-align: right;"><i>7-18-24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b>FINDINGS</b> Resident #1-3 - Three (3) non-self-preserving (NSP) residents residing in the facility, exceeding maximum of two (2) NSP 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><i>Called Physician's office to schedule appointment to be evaluated for 2 residents. MD certified 2 residents for Self Preservation copy received &amp; filed in chart. 7-18-24</i></p> <p><i>* Copies attached for residents # 2 and #3</i></p>	

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*updated  
9-2-24*

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements</u>. (1) In addition to the requirements in subchapter 2 and 3:</p> <p>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;</p> <p><b>FINDINGS</b> Resident #1 – No documented evidence caregivers were trained by case manager on the following specialized care: preparation of pureed, nectar thickened diet</p> <p>Submit documented evidence of training completed by case manager to all caregivers 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><i>RN/case Manager provided the training to all caregivers in preparing pureed &amp; nectar thick liquid diet. Signed training documents in the Service Plan. CGs can provide needed care. * copy attached</i></p>	<p style="text-align: center;">7-22-24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements</u>. (1) In addition to the requirements in subchapter 2 and 3:</p> <p>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;</p> <p><b>FINDINGS</b> Resident #1 - No documented evidence caregivers were trained by case manager on the following specialized care: preparation of pureed, nectar thickened diet</p> <p>Submit documented evidence of training completed by case manager to all caregivers with plan of correction.</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><i>To prevent a similar deficiency from recurring, when there's new order, inform RN/CM on specialized care: preparation of pureed, nectar thickened diet ordered, meet with all caregivers for CM to do training. Make a check list of issues need to be addressed, reviewed &amp; evaluated when CM comes for monthly visit should be completed, use the check list to remind all what are needed to be completed. Evidence of signed document of training should be available on file for department to review.</i></p>	<p style="text-align: right;">7-22-24 updated 9-2-24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Resident #1 - Current medication orders not reflected in care plan</p> <p>Submit revised care plan 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><i>RN/Case Manager developed a complete care plan based on comprehensive assessment, nursing problems identified &amp; where medications included &amp; reflected to the condition/problem &amp; specific needs of the resident. also included are the goals, plan of care, persons to perform interventions.</i></p> <p><i>* Copy of revised care plan attached</i></p>	<p style="text-align: right;"><i>7-22-24</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services</u> (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:</p> <p>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 such interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>  Resident #1 - Current medication orders not reflected in care plan</p> <p>Submit revised care plan with plan of correction.</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><i>To prevent a similar deficiency from recurring, I will include on the list on what to check monthly for case manager when visiting - using a list of topics should be checked when done/reviewed should be written &amp; reflected in the care plan right away. Before case manager leaves review &amp; read together <sup>listed</sup> issues if completed to ensure all MD's orders are reflected in the care plan.</i></p>	<p style="text-align: right;">7-22-24  updated 9-2-24</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services</u> (c)(4)  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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>  Resident #1 - Current care plan dated 6/26/24 states, "Diet: regular minced texture"; however, resident has been prescribed a pureed diet since 12/19/23.</p> <p>Submit revised care plan with plan of correction.</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><i>In the future RN/CM monthly visit summary should reflect any changes occur within that month. Caregiver &amp; RN will check together to verify correct dates written. Use "post it" to flag as a reminder for any changes to be reported or if correction is needed.</i></p>	<p style="text-align: right;"><i>7-22-24</i></p>

Licensee's/Administrator's Signature: Lilibeth Badua

Print Name: LILIBETH BADUA

Date: 9-2-24