

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|   |   |
|---|---|
| <b>Facility's Name: R.K.C. ARCH</b>                                 | <b>CHAPTER 100.1</b>                          |
| <b>Address:<br/>91-938 Hanakahi Street, Ewa Beach, Hawaii 96706</b> | <b>Inspection Date: August 6, 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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(e)(3)<br/>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><br/>Substitute Care Giver (SCG) #1 and #2 – No documented evidence of a current First Aid Certification.</p> <p><b>Please submit a copy of the First Aid Certificates as evidence of completion.</b></p> | <p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>SCG #1 and SCG #2 completed First Aid on 8/7/2024.</p> | <p>08/20/2024</p> |

|   | RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date |
|---|---|--|-----------------|
| ☒ | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(e)(3)<br/>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><br/>Substitute Care Giver (SCG) #1 and #2 – No documented evidence of a current First Aid Certification.</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 use my calendar to check two months before my inspections to make sure that my substitute care givers have their current First Aid.</p> | 08/27/2024      |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date   |
|-------------------------------------|---|--|-------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(e)(4)<br/>The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b><br/>SCG #1 and #2 – No documented evidence of PCG training.</p> <p><b>Please submit a copy of the PCG training as evidence of completion.</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>SCG #1 and SCG #2 completed their PCG on 8/7/2024.</p> | <p>08/27/2024</p> |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date |
|-------------------------------------|---|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(e)(4)<br/>The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b><br/>SCG #1 and #2 – No documented evidence of PCG training.</p> <p><b>Please submit a copy of the PCG training as evidence of completion.</b></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 use my calendar to check two months before my inspections to make sure that my substitute care givers have their current PCG.</p> | 08/27/2024      |

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date |
|-------------------------------------|--|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(f)(1)<br/>The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b><br/>SCG #1 and #2 – No documented evidence of a Cardiopulmonary Resuscitation (CPR) certificate.</p> <p><b>Please submit CPR certificates as evidence of completion.</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>I completed PCG training for SCG #1 and SCG #2 on 8/7/2024.</p> | 08/27/2024      |

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION   | Completion Date   |
|-------------------------------------|--|--|-------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(f)(1)<br/>The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b><br/>SCG #1 and #2 – No documented evidence of a Cardiopulmonary Resuscitation (CPR) certificate.</p> <p><b>Please submit CPR certificates as evidence of completion.</b></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 use my calendar to check two months before my inspections to make sure that my substitute care givers have their current CPR.</p> | <p>08/27/2024</p> |

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date |
|-------------------------------------|--|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports</u>, (b)(3)<br/>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><br/>Resident #1 – Response to diet, medication and activities are not consistently documented monthly in the past twelve (12) months.</p> | <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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|-------------------------------------|--|--|---|
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Licensee's/Administrator's Signature: Josephine Fitzgerald  
Print Name: Josephine Fitzgerald  
Date: 08/27/2024