

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: CEJ Charity ARCH-EC, L.L.C.	CHAPTER 100.1
Address: 45-415 Kulauli Street, Kaneohe, Hawaii 96744	Inspection Date: July 30, 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>§11-100.1-10 <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> Inventory of all personal items brought into the Type I ARCH was not maintained for the following:</p> <ol style="list-style-type: none"> <li>1. Resident #2- last maintained 2021</li> <li>2. Resident #3- last maintained 8/5/22</li> <li>3. Resident #4- last maintained 5/30/23</li> </ol>	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> Inventory of all personal items brought into the Type I ARCH was not maintained for the following:</p> <ol style="list-style-type: none"> <li>1. Resident #2- last maintained 2021</li> <li>2. Resident #3- last maintained 8/5/22</li> <li>3. Resident #4- last maintained 5/30/23</li> </ol>	<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, all personal items of each resident brought in by family shall be recorded in the resident's chart as received and updated every year. If no personal items are brought in for the current year, the inventory from the previous year shall be carried over to the following year.</p> <p>I'll put a sticker tab at the personal belongings section of the resident chart and include in my monthly checklist as a reminder to check and update the inventory with my monthly audit of each resident chart. The monthly audit checklist will be posted on the wall in my work area.</p>	<p>Annually by the end of the year.</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b)  The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><b><u>FINDINGS</u></b>  First aid kit for emergency use was not maintained- observed emergency supplies in plastic drawers with expired normal saline and other miscellaneous items. No kit was available to keep first aid supplies.</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>A first aid kit was organized and contained in a designated bottom drawer labeled "FIRST AID KIT"  All other medical/treatment supplies are stored in the other two drawers.  Expired supplies were discarded.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><b><u>FINDINGS</u></b> First aid kit for emergency use was not maintained- observed emergency supplies in plastic drawers with expired normal saline and other miscellaneous items. No kit was available to keep first aid supplies.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p><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, maintain the designated drawer exclusively for first aid kit ready for emergency use. Inspect supplies for expiration dates on a regular schedule and discard expired items; replenish supplies as necessary.</p> <p>i will include the first aid kit in the monthly audit checklist (posted in my work area) as a reminder to check for supplies that needs replenishment or to replace expired items.</p>	On going

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  Resident #1- Physician ordered on 2/20/24 "Rocklatan Instill one drop into each eye daily at 1 pm"; however, the medication label read, "Rocklatan Instill one drop into both eyes every evening as directed". The physician order and medication label does not match.</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>A clarification of order was sent to physician to match the medication label that reads " Rocklatan 0.02%-0.005% eye drop. Instill 1 drop into both eyes every evening as directed."</p> <p>The MAR (Medication Administration Record) was also corrected to transcribe the clarified order, and to match the medication label.</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><b><u>FINDINGS</u></b> Resident #1- Physician ordered on 2/20/24 "Lorazepam 0.5 mg every 12 hours PRN anxiety, agitation, or sleep via SL or PO"; however, there was no documented evidence of Lorazepam in the February 2024 medication administration record (MAR).</p>	<p><b>PART 1</b></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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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Resident #1- Physician ordered Abatacept on 2/13/24 and 5/7/24 to be administered every 4 weeks; however, the February 2024 MAR was written Abatacept to be administered every 6 weeks, and from March 2024 to July 2024 was written Abatacept to be administered every 8 weeks. The physician order and transcription in the MARs does not match.</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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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Resident #1- Physician ordered Abatacept on 2/13/24 and 5/7/24 to be administered every 4 weeks; however, the February 2024 MAR was written Abatacept to be administered every 6 weeks, and from March 2024 to July 2024 was written Abatacept to be administered every 8 weeks. The physician order and transcription in the MARs does not match.</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>Dose and frequency of Abatacept is determined as it is administered in the physician's office. In the future, changes in medication/treatment order shall be obtained and have MD write down in the Physician Record form accompanying the resident, then transcribed in the MAR accordingly.</p> <p>As a reminder to transcribe new orders or modification of current orders/treatment received, I'll stick "post it notes" on the physician order form with the new/modified order to make the necessary changes in the MAR.</p>	<p>On-going</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<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><b><u>FINDINGS</u></b> Resident #1- The July 2024 MAR was transcribed, "Lorazepam 0.5 mg q12h PRN anxiety, agitation, or sleep"; however the medication label reads, "Lorazepam 2 mg/mL Take 0.25 mL by mouth every 12 hours as needed for sleep (anxiety or agitation)". The MAR does not match with the medication label.</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 July 2024 MAR was corrected to transcribe the same as the medication label on the order for Lorazepam that reads "Lorazepam 2 mg/ml. The 0.25 ml by mouth every 12 hrs as needed for sleep (anxiety of agitation)".</p> <p>A clarification order for Lorazepam as read on the medication label from pharmacy was also sent to Physician</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- Melatonin 3 mg tablet was transcribed H for hold in the March 2024 MAR on 3/21/24, however, was written on a post it note, "Hold due to lethargy". Melatonin 3 mg tablet was also transcribed H for hold in the June 2024 MAR on 6/18/24, however, was written on a post it note, "Too sleepy". There was no documented evidence regarding the hold on Melatonin 3 mg tablet in the progress notes for the aforementioned dates.</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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	<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> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b> Resident #1- Legend from February 2024 to July 2024 MARs does not explain who administered the medications.</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 initial of caregiver who administered the medication was included in the legend list in the MAR. Same is done in the MARs of all other residents.</p>	



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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b> Resident #1- Legend from February 2024 to July 2024 MARs does not explain who administered the medications.</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, initial of staff administering the medications shall be added to the legend list in the MARs</p> <p>I will include in the monthly audit checklist a review of any abbreviations/symbols used in the MAR and make sure it is added to the legend list to describe or explain the entry.</p>	on-going

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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> Resident #1- Copious amount of dog feces covering fire exit #2 pathway.</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>Areas where dog feces were found around the home were cleaned out, including pressure washing of the fire exit pathways. Also, a barricade was placed to block the dogs' access to the fire exit pathways.</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>            Large hole on bottom right door in Bedroom #2.</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>Hole on bottom right of door in bedroom # 2 was patched up and re-painted. A replacement door was purchased for installation as necessary.</p>	

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<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> Large hole on bottom right door in Bedroom #2.</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, the home shall be maintained to keep the physical environment safe. Any damages or physical defects shall be fixed in a timely manner</p> <p>for any damage or physical defects in the home, a sign will be put up as a reminder to get it fixed in a timely manner. I will also include in the monthly audit checklist to remind the completion of any repair needed.</p>	<p style="text-align: center;">on-going</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3)  A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><b>FINDINGS</b>  Fire drills were consistently from 9:45 am to 4:40 pm. No documented evidence of evening fire drills.</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>	

Signature: Carolyn B. Lazo

Email: cejcharity@gmail.com

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<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><b><u>FINDINGS</u></b> Fire drills were consistently from 9:45 am to 4:40 pm. No documented evidence of evening fire drills.</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, monthly fire drills shall be conducted alternatingly between daytime, afternoon and evenings.</p> <p>I will mark in a calendar (and include in the checklist) the schedule of fire drills to alternate for daytime, afternoon and evenings.</p>	<p>on-going</p>

Licensee's/Administrator's Signature: Carolyn B Lazo

Print Name: Carolyn B Lazo

Date: Aug 17, 2024