

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|                                                                    |                                                 |
|--------------------------------------------------------------------|-------------------------------------------------|
| <b>Facility's Name: Aloha Lifeline ARCH/E-ARCH, LLC</b>            | <b>CHAPTER 100.1</b>                            |
| <b>Address:<br/>91-983 Ikulani Street, Ewa Beach, Hawaii 96706</b> | <b>Inspection Date: October 24, 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>§11-100.1-87 <u>Personal care services.</u> (e)<br/>           The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><b><u>FINDINGS</u></b><br/>           Substitute care giver (SCG) – No documented evidence that the case manager provided training to ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided.</p> <p><b>Please submit a copy of the training with your plan of correction.</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> |                        |

|                                     | <b>RULES (CRITERIA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PLAN OF CORRECTION</b>                                                                                                                                                | <b>Completion Date</b> |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-87 <u>Personal care services.</u> (e)<br/>           The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident’s care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><b><u>FINDINGS</u></b><br/>           SCG – No documented evidence that the case manager provided training to ensure that all services and interventions indicated in the expanded ARCH resident’s care plan are provided.</p> <p><b>Please submit a copy of the training with your plan of correction.</b></p> | <p><b>PART 2</b></p> <p><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> |                        |

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

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_