

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Esta's	CHAPTER 100.1
Address: 94-1110 Hinaea Street, Waipahu, Hawaii 96797	Inspection Date: August 7, 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"/> §11-100.1-3 <u>Licensing</u> , (b)(1)(D) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application. Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law. <u>FINDINGS</u> Substitute care giver (SCG)- No documented evidence stating that the SCG have no prior felony or abuse convictions in a court of law. Please submit a copy of the Fieldprint with your plan of correction. 2022 NOV 20 02:42	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY <i>P Called my SCG to obtain fieldprint with the result enclosed in the fieldprint documentation.</i>	9-24-24

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §11-100.1-3 <u>Licensing</u>, (b)(1)(1) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law:</p> <p><u>FINDINGS</u> SCG- No documented evidence stating that the SCG have no prior felony or abuse convictions in a court of law</p> <p>Please submit a copy of the Fieldprint with your plan of correction.</p> <p style="text-align: right;">RECEIVED STATE OF MISSISSIPPI NOV 20 2022</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>I designed month of may for obtaining fingerprinting with result. I made reminder notice & posted in the CH. bulletin board I also wrote in my personal reminder notes to make sure it will not happen again.</i></p>	<p style="text-align: right;"><i>9-24-24</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> SCG- No documented evidence of an initial tuberculosis clearance Please submit a copy of the TB clearance with your plan of correction.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I called the physician to request the initial TB clearance of my substitute. Enclosed is a copy.</i></p>	<p style="text-align: right;"><i>9-27-24</i></p>

74 NOV 20 09:43

STATE BOARD OF ARCHITECTS

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> SCG- No documented evidence of an initial tuberculosis clearance. Please submit a copy of the TB clearance with your plan of correction.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>I will review the list of requirement which include initial TB clearance documentation</i></p> <p style="text-align: center;"><i>I write in my calendar to remind me to keep track.</i></p>	<p style="text-align: right;"><i>9-24-24</i></p>

24 NOV 20 11 13 AM '24

STATE OF CONNECTICUT

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> One tube of medihoney with no label was found in bedside drawer in resident's #3 bedroom during the time of inspection	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Removed medication that was left in the drawer at the time of inspection</i></p>	<p style="text-align: center;"><i>8-10-24</i></p>

74 NOV 20 09 23

STATE OF OHIO

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §11-100.1-15 Medications. (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><u>FINDINGS</u> One tube of medihoney with no label was found in bedside drawer in resident's #3 bedroom during the time of inspection.</p> <p>24 NOV 20 10:43 STATE LICENSING</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Check the residents area to make sure there are no medication left in the bedroom. Clean routinely - I will write in my ppe form reminded to remove any medication in the residents room.</i></p>	<p style="text-align: right;"><i>8-7-24</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction. <u>FINDINGS</u> Large stacks of storage boxes and various boxes containing rubbish obstructed pathway of fire exit #2. It decreased the clearance to 20 inches. The clear width is not adequate to allow a resident's wheelchair which measures 26 inches to pass.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY <i>Removed storage boxes in the fire exit. to allow wheel chair to pass through.</i>	<i>8-10-24</i>

74 NOV 20 10 53 AM
 STATE LAW ENFORCEMENT

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> , (g)(3)(A) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction. <u>FINDINGS</u> Large stacks of storage boxes and various boxes containing rubbish obstructed pathway of fire exit #2. It decreased the clearance to 20 inches. The clear width is not adequate to allow a resident's wheelchair which measures 26 inches to pass.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: right;">8-10-26</p> <p><i>I wrote in my personal reminder calendar to check the exit is clear. I will go around the house daily to make sure its free of obstruction.</i></p>	

74 NOV 20 10 43

STATE POLICE

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §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><u>FINDINGS</u> Notable roach infestation. Live and dead roaches, and roach droppings in resident's drawers, beds, kitchen sink, and kitchen counters and drawers.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will clean routinely & check daily for any roaches.</i></p> <p><i>I made a reminder notice & posted in the CH. bulletin board.</i></p>	<p style="text-align: right;"><i>8-10-24</i></p>

74 MAY 20 10 23

STATE LAW ENFORCEMENT

Licensee's/Administrator's Signature: Lina M. Esta
Print Name: Lina M. Esta
Date: 11-20-24

24 NOV 20 11 43

STATE COLLEGE, PA

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment, (h)(3)</u> 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. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety. <u>FINDINGS</u> Notable roach infestation. Five and dead roaches, and roach droppings in resident's drawers, beds, kitchen sink, and kitchen counters and drawers.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I cleaned the dead ones & droppings. I put in bait & insecticide to monitor the infestation & looking into pest control if its not getting better</i></p>	<p style="text-align: center;"><i>8-10-24</i></p>

74 NOV 20 11 23

STATE OF OHIO
DEPARTMENT OF HEALTH