

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hermelina Apuya (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 92-761 Paakai Street, Kapolei, Hawaii 96707	Inspection Date: October 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"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> SCG #1 – Current annual physical exam unavailable</p> <p>Submit a copy with plan of correction.</p>	<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>Yes, I called her two times to provide me a copy of her current physical exam but was unable to give me a copy of her current physical exam so she was removed from my SCG list and no longer employed as SCG in my care home. She was terminated on October 8, 2024.</p>	10/08/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> SCG #1 – Current annual physical exam unavailable</p> <p>Submit a copy with plan of correction.</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 have a checklist wherein expiration dates of physical examinations for my substitute care givers and my residents are listed and I review my list every three months. For my substitute caregivers I give them the physical exam forms for them to bring to the doctor after a few days their PE exam expires. For SCG #1 she was unable to give a copy of her current physical exam. For my residents I bring them to their PCP after their current PE expires. When I go vacation before my SCG starts to work as SCG she should provide me with her current physical exam. In the future If SCG is unable to submit current PE requirements I will bring my clients to another facility for respite and come back to my care home upon my return</p>	<p style="text-align: center;">11/05/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p>FINDINGS SCG #1 – Initial and annual TB clearance unavailable</p> <p>Submit a copy with plan of correction.</p>	<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>SCG #1 was unable to provide me her initial and current TB clearance. She was removed from my SCG list and no longer employed as SCG in my care home. she was terminated on 10-08-2024</p>	<p style="text-align: center;">10/08/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> SCG #1 – Initial and annual TB clearance unavailable</p> <p>Submit a copy with plan of correction.</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>In the future I make sure any SCG employed in my care home whether currently working or on call in the event I have to file leave of absence her initial and current annual TB clearance will be filed in my care home binder for review. I have a checklist that indicates when her current annual TB clearance expires that needs to submit a current annual TB clearance. Failure to do so will give me an other option that is to bring my clients to another facility for respite and come back to my care home upon my return from vacation.</p>	11/05/2024

	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><u>FINDINGS</u> Resident #1 – Physician’s order dated 9/10/24 states, “Acetaminophen tab 650 Mg PO Q 6hrs PRN”; however, PRN indication not provided. Medication order incomplete.</p> <p>Submit a copy of updated order with plan of correction.</p>	<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>yes, PCG went to get a copy of physician's order dated Sept 10, 2024 for Resident #1 on Oct 22, 2024 Acetaminophen 650 mg tab PO Q6 hours as needed for pain or fever greater than 100 degrees F (no more than 3000 mg per day) [REDACTED]</p> <p>[REDACTED] Physician's order was signed by [REDACTED] APRN on October 22, 2024 Primary care giver will submit a copy to n use consultant [REDACTED]</p>	<p>10/22/2024</p>

	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><u>FINDINGS</u> Resident #1 – Physician’s order dated 9/10/24 states, “Acetaminophen tab 650 Mg PO Q 6hrs PRN”; however, PRN indication not provided. Medication order incomplete.</p> <p>Submit a copy of updated order with plan of correction.</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>Prior to clients appointment to his PCP or APRN I will review clients current and prn medications. To prevent a recurring deficiency from happening again I will print a copy of his current and prn medications on PHYSICIAN/APRN RECORD MEDICATION AND TREATMENT ORDER MEDICATION UPDATE. After patients check up is done I will request the APRN/doctor to review medications together before leaving APRN/doctors office</p>	11/05/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – MAR legend does not indicate what circled initials on MAR represents</p> <p>Submit a copy of revised MAR legend with plan of correction.</p>	<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>yes, I wrote in MAR legend of what the circled initial represents. It represents HA Hold carvedilol 12.5 mg tab SBP lesser than 100 or apical HR lesser than 60 HA- Hermelina Apuya</p>	10/08/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – MAR legend does not indicate what circled initials on MAR represents</p> <p>Submit a copy of revised MAR legend with plan of correction.</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>Every beginning of the month I make sure the symbols and circled initial in the MAR will be written in the legend what it represents</p>	11/05/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> No documented evidence monthly fire drill for 9/2024 was completed</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> No documented evidence monthly fire drill for 9/2024 was completed</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>In my checklist I will include fire drill schedule and I will review my checklist every month to make sure I comply with the monthly fire drill requirements for expanded care homes. A mostly fire drill provides training for residents and personel and a record shall contain date, hour, personel participating, and description of drill and time taken to safely evacuate residents from the building. A copy of fire drill procedure and results shall be filed in the care home binder for the fire inspector and nurse consultant to review upon request</p>	11/05/2024

	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><u>FINDINGS</u> Interconnected smoke alarms unavailable – per life safety inspection dated 8/29/24</p>	<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>Yes, Smoke Alarms are already interconnected as of Oct. 24, 2024 by RVF Electrical License #C 32448 tel No. 808 7286810</p>	10/24/2024

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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><u>FINDINGS</u> Interconnected smoke alarms unavailable – per life safety inspection dated 8/29/24</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>In the future I make sure that interconnection of fire alarm be done in a timely manner to prevent t this deficiency from occurring again. I make sure I have enough funding to pay for an electrician to do the job to correct all outstanding safety issues identified by the life safety consultant in the time frame provided</p>	11/05/2024

Licensee's/Administrator's Signature: Hermelina APUYA

Print Name: Hermelina APUYA

Date: 10/24/2024

Licensee's/Administrator's Signature: Hermelina Apuya

Print Name: Hermelina Apuya

Date: 11/05/2024