Office of Health Care Assurance

**State Licensing Section**

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| **Facility's Name: Prime Health Services Care Home II** | **CHAPTER 100.1** |
| **Address:**<br>**107B Kilea Place, Wahiawa, Hawaii 96786** | **Inspection Date: November 12, 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 |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (b)<br>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.<br><br>**FINDINGS**<br>Substitute Care Giver (SCG) #1 – No documented evidence of two-step tuberculosis (TB) clearance. TB clearance for negative TB test received from TB branch on 8/14/2024. Another TB clearance dated 9/5/2024 had a new positive test for TB infection and negative chest x-ray checked; however, no documented evidence of a positive TB skin test or negative chest x-ray available. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** | |

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| ☒ | §11-100.1-10 Admission policies. (a)<br>Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.<br><br>**FINDINGS**<br>Resident #1 – Per level of care form signed 6/4/2024, a "36" was marked under activities of daily living (ADLs). In addition, "with ARCH care," was written above adult residential care home level. Another level of care form from 10/19/2023, was filled out and signed with 18 points for ADLs, 28.5 for supervision and behavior management, and 6 points under health-related services. The resident was also declared ARCH level of care at this time. Per care givers, resident is fully dependent with all activities of daily living. This is ARCH is not licensed for expanded care. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** | |

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| ☒ | §11-100.1-13 Nutrition. (k)<br>Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.<br><br>**FINDINGS**<br>Resident #1 – Order for nutritional supplement (Glucerna), not updated annually. Last signed order from 11/1/2023. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** | |

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| ☒ | §11-100.1-16 Personal care services. (j)<br>Resident(s) manifesting behaviors that may cause injury to self or others shall be assessed by a physician or APRN to determine least restrictive alternatives to physical restraint use, which may be used only in an emergency when necessary to protect the resident from injury to self or to others. If restraint use is determined to be required and ordered by the resident's physician or APRN, the resident and the resident's family, guardian or surrogate, and case manager shall be notified and a written consent obtained. The licensee shall maintain a written policy for restraint use outlining resident assessment processes, indications for use, monitoring and evaluation and training of licensee and substitute care givers. Renewal orders for restraint use shall be obtained on a weekly basis from the resident's physician or APRN based on the assessment, monitoring and evaluation data presented by the primary care giver.<br><br>**FINDINGS**<br>Resident #1 – Per care givers, resident has mittens on around the clock due to scratching; however, there is no restraint policy available, and orders are not obtained on a weekly basis. Per 5/31/2024 order received by hospice RN, "Order received from Dr. Christensen ok to continue mitten use. Not considered restraint use." | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** | |

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| ☒ | §11-100.1-17 Records and reports. (b)(3)<br>During residence, records shall include:<br><br>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;<br><br>**FINDINGS**<br>Resident #1 – No progress notes available after November 2023. | **PART 1**<br><br>**Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** | |

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| ☒ | §11-100.1-23 Physical environment. (g)(3)(D)<br>Fire prevention protection.<br><br>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:<br><br>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;<br><br>**FINDINGS**<br>Fire drills not conducted quarterly as there was no fire drill from 6/3/2024 to 10/1/2024. | **PART 1**<br><br>**Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** | |

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| ☒ | §11-100.1-23 Physical environment. (g)(3)(G)<br>Fire prevention protection.<br><br>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:<br><br>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One<br>and<br>Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;<br><br>**FINDINGS**<br>Smoke detectors not checked quarterly as there was no check between 6/3/2024 and 10/1/2024. | **PART 1**<br><br>**Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** | |

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| ☒ | §11-100.1-88 Case management qualifications and services. (c)<br>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:<br><br>**FINDINGS**<br>Resident #1 – No case management services or case management waiver obtained for resident requiring total assistance with all activities of daily living. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** | |

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____