

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Galario, Violeta (ARCH)	CHAPTER 100.1
Address: 94-1440 Hiapo Street, Waipahu, Hawaii, 96797	Inspection Date: September 24, 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. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

08/16/16

24 DEC 13 10:25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(i) 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> Primary care giver, substitute care #1, #2, house hold member #1,2,3: No documented evidence of fieldprint background check.</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>Primary care giver & substitute care #1 have completed their fieldprint and a copy has been place in the main folder. Substitute #2 and household #3 (same person) has fieldprint appt on 10/10/24, household member #1 has an appt on 10/11/24 household #2 - 10/15/2024</p> <p style="text-align: right; font-size: small; margin-top: 20px;"> STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES HARTFORD, CT 06103 (860) 319-3000 </p>	<p>10/15/2024</p>

24 DEC 13 10:35

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) 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> Primary care giver, substitute care #1, #2, house hold member #1,2,3: No documented evidence of fieldprint background check.</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>To avoid this in the future, we have created a reminder on our calendar to take fieldprint for 2025 and 2027.</p>	<p>09/24/2024</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2: Physician diet order of "Cardiac diet". ARCH is not licensed to provide special diets.</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>Physician order for resident #2 has been changed to regular diet, see attached resident annual physician examination record.</p> <p style="text-align: right;">STATE BOARD OF ARCHS 10/07/2024 10:35</p>	<p>10/07/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Resident #2: Physician diet order of "Cardiac diet". ARCH is not licensed to provide special diets.</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>Moving forward, primary care giver will place in the clients binder the physician checklist we created as a place holder to help remind us to check the document before filing it in the binder. This will ensure each section is checked for completion and accuracy.</p>	<p>09/24/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Resident #3: Physician diet order of "No concentrated sweets". ARCH is not licensed to provide special diets.</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>Physican diet order of "No concentrated sweets for resident #3 has been corrected to state "Regular diet", see attached.</p>	<p>09/27/2024</p>

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 DEC 13 10:35
 STATE OF MICHIGAN
 DEPARTMENT OF LICENSING

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Resident #3: Physician diet order of "No concentrated sweets". ARCH is not licensed to provide special diets.</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>Moving forward, primary care giver will place in the clients binder the physician checklist we created as a place holder to help remind us to check the document before filing it in the binder. This will ensure each section is checked for completion and accuracy.</p>	<p>09/24/2024</p>

MISSOURI STATE BOARD OF HEALTH
 2024 DEC 13 10:35

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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>FINDINGS Resident #1,#2,#3,#4: medication pre-poured into pill counter.</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>Medications that were pre-poured into the pill counter were discarded. Each medication for each client will only be removed prior to administration and given to each client to take.</p> <p style="text-align: right; font-size: small;">STATE BOARD OF PHARMACY 24 DEC 13 15:35</p>	<p>09/24/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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> Resident #1,#2,#3,#4: medication pre-poured into pill counter.</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>All medications that were in the pill box has been discarded. The pill boxes has been discarded. Medication will be remove from its original container and will be administered to the client and given to them at the time it is due.</p> <p>All staff were trained on medication administration and that training included that pre-pouring medication is not allowed.</p>	<p style="text-align: center;">09/24/2024</p>

Licensee's/Administrator's Signature: Violeta Galario

Print Name: Violeta Galario

Date: 10/23/2024

STATE OF ILLINOIS
DEC 13 10 35 AM '24