

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Klare ARCH/EARCH LLC	CHAPTER 100.1
Address: 1067 Ala Lilikoi Street, Honolulu, Hawaii 96818	Inspection Date: May 2, 2025 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 <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. FINDINGS Substitute Care Giver (SCG) #3 – No documented evidence of initial tuberculosis (TB) screening. Records show one skin test screening dated 4/2/25. <i>Submit a copy with your plan of correction (POC).</i>	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Message and called SCG #3 to get second TB Test, SCG # 3 decided not to continue working. Remove from care home SCG list for not complying with requirement.	5/10/25 & 5

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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> Substitute Care Giver (SCG) #3 – No documented evidence of initial tuberculosis (TB) screening. Records show one skin test screening dated 4/2/25.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I created a checklist with the PCG/SCG/Household member when their requirements are due such as TB test, Field print, H&P etc. I check this monthly and highlight the ones that are approaching the due date. This checklist is posted in my bulletin board to remind myself. The required documents of my household member are filed in the ARCH binder.	5/22/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; <u>FINDINGS</u> Primary Care Giver (PCG) and SCG #1 – No documentation of first aid certification. <i>Submit a copy with your POC.</i>	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY PCG and SCG # 1 attended in person First Aid Training with Heartline Hawaii. Please see attached certificates of attendance.	5/17/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; <u>FINDINGS</u> Primary Care Giver (PCG) and SCG #1 – No documentation of first aid certification.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Carehome Operator to check every four months PCG, SCGs and household documents/clearances if updated or not. Attached checklist of all documents/clearances for all caregivers and house holds on carehome binders with highlighted due dates.	5/17/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions. <u>FINDINGS</u> Observed thawed chicken in a metal bowl uncovered in the refrigerator. <i>Corrected during this inspection.</i>	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions. <u>FINDINGS</u> Observed thawed chicken in a metal bowl uncovered in the refrigerator.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Bought container/bowl with cover purposely for thawing chicken, meat and fish. Containers/Bowl with lids labeled "For Thawing Only" to set reminders.	5/10/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: 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; <u>FINDINGS</u> Resident #1 – Monthly progress notes did not include response to medications, treatment, diet, plan of care, and activities.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes, completed progress notes for EARCH residents.	5/21/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: 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; <u>FINDINGS</u> Resident #1 – Monthly progress notes did not include response to medications, treatment, diet, plan of care, and activities.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Reminder added to complete progress notes for ARCH/EARCH residents due ON or before end of each month on Resident's TASK/Documents to complete located in front of each Resident Binders.	5/21/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. <u>FINDINGS</u> SCG #1 – completed only 6 of the required 12 hours of continuing education SCG #2 - completed only 4 of the required 12 hours of continuing education. SCG #3 – completed only 6 of the required 12 hours of continuing education. <i>Submit a copy of the required CEUs with your POC.</i>	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY SCG #1, #2, #3 all attended in person in service (7 hours) on 5/10/25. SCG #2 attended another 1 hr in service on line. Please see attached certificates of attendance.	5/10/25 & 5

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. <u>FINDINGS</u> SCG #1 – completed only 6 of the required 12 hours of continuing education SCG #2 - completed only 4 of the required 12 hours of continuing education. SCG #3 – completed only 6 of the required 12 hours of continuing education. <i>Submit a copy of the required CEUs with your POC.</i>	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I am as their PCG/Care Home Operator is responsible to double check my staff checklist such as CEUs every month that I posted on my bulletin board. I highlight the ones that are approaching the due date. The certificates are filed in the ARCH binder with the caregiver's name tab.	6/10/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) 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: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; <u>FINDINGS</u> Resident #1 - Current care plan did not reflect resident's care/needs, treatments, and medication orders, and the care plan start date did not reflect resident's admission into ARCH facility on 10/15/24. <i>Submit a copy of the revised care plan with your POC.</i>	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Follow up call with Joy Mendoza, RNCM on 5/19/25 setting time line to complete the updated service plan.	5/22/25

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☒	§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) 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: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; <u>FINDINGS</u> Resident #1 - Current care plan did not reflect resident's care/needs, treatments, and medication orders, and the care plan start date did not reflect resident's admission into ARCH facility on 10/15/24.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Added reminder on EARCH residents binder to review with RNCM the service plan within 2 days from admission if the current care plan is reflecting the resident's care needs, treatment and medication orders.	5/22/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) 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: Review the care plan monthly, or sooner as appropriate; <u>FINDINGS</u> Resident #1 – No documented evidence that the RN case manager reviewed the care plan for March and April 2025.	PART 1 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 <u>Case management qualifications and services.</u> (c)(3) 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: Review the care plan monthly, or sooner as appropriate; <u>FINDINGS</u> Resident #1 – No documented evidence that the RN case manager reviewed the care plan for March and April 2025.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I created a checklist on my expanded residents with case management for me to monitor the RN MONTHLY visit. The checklist is posted in front of resident binder to remind myself if they are completed. The RNCM monthly visit is filed in the resident's chart under case management/RN summary TAB.	5/19/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) 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: Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate; <u>FINDINGS</u> Resident #1 – No documented evidence that the RN case manager conducted a comprehensive assessment every six months, due April 2025. <i>Submit documentation with your POC.</i>	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes, called RNCM to complete the semi-annual comprehensive assessment due in April 2025. Pls see attached documentation.	5/19/25

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☒	§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) 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: Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate; <u>FINDINGS</u> Resident #1 – No documented evidence that the RN case manager conducted a comprehensive assessment every six months, due April 2025.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I created a checklist for my expanded residents with Case Management for me to monitor the RNCM 6 month assessment visit. The checklist is posted in front of the resident binder to remind myself if they are completed. The RNCM 6 month assessment visit is filed in the resident's chart under case management/ RN summary tab.	5/19/25

Licensee's/Administrator's Signature: Emma Cabote

Print Name: Emma Cabote

Date: 05/22/2025

Licensee's/Administrator's Signature: 

Print Name: Emma A. Cabote

Date: 08/25/2025