

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

CHAPTER 100.1	Facility's Name: Prime Health Services Care Home II
Inspection Date: November 12, 2024 Annual	Address: 107B Kilea Place, Wahiawa, Hawaii 96786

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).

<p>Completion Date</p>	<p>PLAN OF CORRECTION</p>	<p>RULES (CRITERIA)</p>	<p><input checked="" type="checkbox"/></p>
<p>02/17/2025</p>	<p>DID YOU CORRECT THE DEFICIENCY?</p> <hr/> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PART 1</p> <p>SCG#1 submitted TB clearance with positive skin test together with a negative chest x-ray.</p>	<p>§ 11-100.1-9 Personnel, staffing and family requirements. (b)</p> <p>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</p> <p>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.</p>	

<p>Completion Date</p>	<p>PLAN OF CORRECTION</p>	<p>RULES (CRITERIA)</p>
<p>02/17/2025</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG added to all SCG's requirements checklist to submit a copy of 2-step TB clearance for negative TB test and a negative chest x-ray for positive TB test. And will be check every first week of the month to ensure that all submitted documents are current.</p>	<p><input checked="" type="checkbox"/></p> <p>§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.</p> <p>FINDINGS</p> <p>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.</p>

Completion Date	<p align="center">PART 1</p> <p align="center">DID YOU CORRECT THE DEFICIENCY?</p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I WILL DISMISS WITH FAMILY RECOMMENDATION WITHIN 30 DAYS. FAMILY WILL BE CONTACTED IMMEDIATELY.</p>	<p align="center">RULES (CRITERIA)</p>
25 AUG 25 10:53	<p align="center">PLAN OF CORRECTION</p>	<p>§ 11-100.1-10 Admission policies. (a) <input checked="" type="checkbox"/></p> <p>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.</p> <p>FINDINGS</p> <p>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 home is not licensed for expanded ARCH residents.</p>

<p>Completion Date</p>	<p>PLAN OF CORRECTION</p>	<p>RULES (CRITERIA)</p>
<p>25 AUG 26 10 53</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO PREVENT THIS REPEATING FROM OCCURRING IN THE FUTURE, I WILL REVIEW RESIDENTS LEVEL OF CARE THROUGH PCP IMMEDIATELY UPON RECEIPT FOR CORRECTIVE REVISIONS LOC FORMS QUANTITATIVELY AS THE SAME, ONLY AS WELL. I WILL REVIEW IT FOUR MONTHS CORRECTIVE WILL REVIEW IT IMMEDIATELY UPON RECEIPT FOR CORRECTIVE REVISIONS LOC FORMS QUANTITATIVELY AS CORRECTED IN MY EMPLOYEE CATALOG TO PREVENT ME TO BE IN ON NEXT REVISIONS LOC FORM IMMEDIATELY WITH MY REVISIONS LOC FORMS HAVE BEEN FOR FURTHER REVISIONS.</p>	<p>§11-100.1-10 Admission policies. (a) <input checked="" type="checkbox"/></p> <p>Type 1 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 1 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.</p> <p>FINDINGS</p> <p>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 home is not licensed for expanded ARCH residents.</p>

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<p>25 AUG 25 10:53 AM '23</p> <p><i>S/ht</i></p>	<p>PART I</p> <p>DID YOU CORRECT THE DEFICIENCY?</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PHYSICIAN WITHIN THE NUTRITIONAL DEFICIENCY WAS TAKEN TO REVIEW OF AND SIGNED OFF. WAS RECEIVED. MEDICAL RECORD W/ W/</p>	<p>§11-100.1-13 Nutrition. (k)</p> <p>Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p>FINDINGS</p> <p>Resident #1 – Order for nutritional supplement (Glucerna), not updated annually. Last signed order from 11/1/2023.</p>	

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<p>25 AUG 25 10:53</p>	<p>STAT 1101</p> <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO PREVENT THE DEFICIENCY FROM REPEATING IN THE FUTURE, I WILL DO A DEFERRED NUTRITIONAL REVIEW EVERY FIVE OF THE MONTH BEFORE ADDRESSING THE UPWARD TRENDS REMAINING FOR THE NEXT MONTH AND ANOTHER ONE WILL BE NEXT TO FOLLOW WITH ALL NUTRITIONAL ASSESSMENTS UPON AND REPORTS. I WILL WRITE A NUTRITIONAL AND MY OFFICE WILL BE AVAILABLE TO ASSIST WITH IT.</p>	<p><input checked="" type="checkbox"/> §11-100.1-13 Nutrition, (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p>FINDINGS Resident #1 - Order for nutritional supplement (Glucerna), not updated annually. Last signed order from 11/1/2023.</p>

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	<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>	<p>§11-100.1-17 Records and reports. (b)(3) During residence, records shall include:</p> <p>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;</p> <p>FINDINGS Resident #1 – No progress notes available after November 2023.</p>	

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<p>02/17/2025</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will include detailed monitoring on resident's written use including time when it's put-on and taken off and will be documented on resident's progress notes and another SCG will need to initial every end of the month to ensure its correctness.</p>	<p><input checked="" type="checkbox"/></p> <p>§11-100.1-17 Records and reports, (b)(3) During residence, records shall include:</p> <p>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, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS</p> <p><u>Resident #1</u> – No monthly progress notes available detailing resident's written use.</p>

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	<p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	<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>	<p>§ 11-100.1-23 Physical environment. (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>FINDINGS Fire drills not conducted quarterly as there was no fire drill from 6/3/2024 to 10/1/2024.</p>

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	<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>	<p>§11-100.1-23 Physical environment. (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHS shall be in compliance with, but not limited to, the following provisions:</p> <p>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 and 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;</p> <p>FINDINGS Smoke detectors not checked monthly as there were no checks between 6/3/2024 and 10/1/2024.</p>

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<p>02/17/2025</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will include smoke detector checks during fire drill that will be done very first week of the month and documentation will be filed at the Fire Drill folder.</p>	<p><input checked="" type="checkbox"/></p> <p>§11-100.1-23 <u>Physical environment</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHS shall be in compliance with, but not limited to, the following provisions:</p> <p>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 and 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;</p> <p>FINDINGS</p> <p>Smoke detectors not checked monthly as there were no checks between 6/3/2024 and 10/1/2024.</p>

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<p>25 AUG 25 10 03</p>	<p>PART 1</p> <p>DID YOU CORRECT THE DEFICIENCY?</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>REFERRAL FAMILY/LEGAL COUNSEL WILL BE NOTIFIED IMMEDIATELY AND A 30 DAY WRITTEN NOTICE TO RESIDENT WILL BE GIVEN.</p> <p>DATE: 8/25/03</p>	<p>§11-100.1-88 Case management qualifications and services. (c)</p> <p>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:</p> <p>FINDINGS</p> <p>Resident #1 - No case management services or case management waiver obtained for resident requiring total assistance with all activities of daily living.</p>	

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<p>25 AUG 25 09:53</p>	<p>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? IT WILL TAKE THE PATIENT FROM RETURNING IN THE FUTURE, AFTER CONTINUOUS REEVALUATION LEVEL OF CARE CHANGES WITH PC AND COLLABORATION FOR THE CARE. I WILL NOTIFY RELEVANT FAMILY OR LEGAL EMPLOYER AND MAKE SURE RESIDENT IS IMMEDIATELY NOTIFIED WITHIN 24 HOURS OF LCC AND ALSO FAMILY'S RIGHTS TO CONSIDER CASE AT PRIME HEALTH SERVICES CENTER IF IT OCCURS IN A 30 DAY TRANSFER LETTER WILL BE GIVEN TO RELEVANT FAMILY/LEGAL GUARDIAN IF WANTED IS NOT GIVEN.</p>	<p>§11-100.1-88 Case management qualifications and services. (c) 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: Resident #1 - No case management services or case management waiver obtained for resident requiring total assistance with all activities of daily living.</p> <p>FINDINGS Resident #1 - No case management services or case management waiver obtained for resident requiring total assistance with all activities of daily living.</p>	

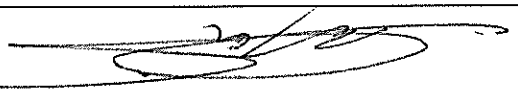
8/25/25

Licensee's/Administrator's Signature: *Rafael m. Antonio PCG*

Print Name: Rafael m. Antonio PCG

Date: Feb 17, 2025

Licensee's/Administrator's Signature:



Print Name: ~~KARL~~ W. KILBALD PCG

Date: 8/25/25

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STATE LICENSE