Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Adult Res Care Home Pehi Ranera	**CHAPTER 100.1**
Address: 1054 Hauiki St · Hon · Hawai'i 96819	**Inspection Date: March 15, 2023 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Substitute Care Giver (SCG) #1, SCG #2, Household Member (HM) #1, and HM#2 – No documented evidence of an initial 2-step tuberculosis clearance. Please attach copies of initial two-step tuberculosis clearance with your plan of correction as evidence of completion.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Corrected ! Went to Tanakula with SCG + HM. to do the PPD (TB clearance) for those who needs it and asked a copy of an ~~outside~~ evidence of an initial 1 + 2 TB clearance for the rest. A copy provided for SGG # 1, SCG # 2, HM # 1, HM # 2. find filed on the chart.	4-14-23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Substitute Care Giver (SCG) #1, SCG #2, Household Member (HM) #1, and HM#2 – No documented evidence of an initial 2-step tuberculosis clearance. Please attach copies of initial two-step tuberculosis clearance with your plan of correction as evidence of completion.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Actions to prevent a recurrence of the deficiency. Is to put a sticky note on a medical log that will not remove from chart will be placed on the initial 2 step TB forms will be a reminder to keep the records in the chart permanently. Its a reminder for me, my staff, and household members.	May 18, 22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Height and weight measurements taken; **FINDINGS** Resident #2 – No documented height under monthly height and weight record	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I took the height right away and write it to the monthly height and weight record immediately.	4/14/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports, (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Height and weight measurements taken; **FINDINGS** Resident #2 – No documented height under monthly height and weight record	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** My action is to put a sticky arrow flags / sticky notes / to remind me to do the height during admission to document and record it on admission.	May 18, 23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes. **FINDINGS** Observed smoke detector chirping during inspection. PCG changed the battery in presence of RN consultant.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	4/14/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes. **FINDINGS** Observed smoke detector chirping during inspection. PCG changed the battery in presence of RN consultant.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** When heard smoke detector chirping, we need to change the battery right away. Or it time to replace it.	4/14/17

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** Monthly fire drill have not been conducted during various times of the day in the last 12 months. Monthly fire drills were documented to be done between the hours of 6:30 pm and 7:40 pm.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	4/14/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** Monthly fire drill have not been conducted during various times of the day in the last 12 months. Monthly fire drills were documented to be done between the hours of 6:30 pm and 7:40 pm.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** My Future Plan — is to make a note (A sticky note) on the chart as a reminder note to myself /staff / and family workers to conduct firedrills monthly at various times of the day. (By writing the time like firedrills will be done for next month and writing Pm or the next firedrill)	May 12, 23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions. **FINDINGS** Resident #1 – Service Care Plan dated 4/22/22, under "Potential for Alteration in Skin Integrity due to Incontinence" listed the following intervention: "Change position every 2-4 hours." However, no documented evidence of repositioning.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** – 7/24/2023 CM Revised the Service Care Plan Date 4/22/2022 (During her time visit), under Potential for Alteration in Skin Integrity due to incontinence.	4/14/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions. **FINDINGS** Resident #1 – Service Care Plan dated 4/22/22, under "Potential for Alteration in Skin Integrity due to Incontinence" listed the following intervention: "Change position every 2-4 hours." However, no documented evidence of repositioning.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Action to do in the future is to review and check the care plan right away and as needed. To put a sticky note to the care plan to remind me, the staff for any services to be rendered to the resident and also to talk to CM about updates in the care plan.	May 18, 2022

Licensee's/Administrator's Signature: Delia G. Laurena

Print Name: DELIA G. LAURENA / 8889278778

Date: 4/14/2022

Licensee's/Administrator's Signature: Delia G. Laukena

Print Name: DELIA G. LAUKENA

Date: 6/5/2023