Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jesusa Quinabo ARCH #II	**CHAPTER 100.1**
Address: 1805 Hookupa Street, Pearl City, Hawaii 96782	**Inspection Date: June 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. 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: 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; **FINDINGS** Primary Caregiver (PCG), Substitute Caregivers (SCG) #1-3 – Current FieldPrint clearance unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG will schedule Fieldprint appointments ~~9/26/23~~ 9/26/23	9/25/23

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☒	§11-100.1-3 Licensing. (b)(1)(I) Application. 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: 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; **FINDINGS** Primary Caregiver (PCG), Substitute Caregivers (SCG) #1-3 – Current FieldPrint clearance unavailable for review. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** added "fieldprint" clearances to checklist for employees. monthly I will review it prior to June yearly.	9/26/23

	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** SCG #2,3 – Initial two-step tuberculosis clearance unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 2 step PPD obtained for 2 caregivers See attached.	9/25/23

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☒	§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** SCG #2,3 – Initial two-step tuberculosis clearance unavailable for review. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** added 2step TB clearance to my yearly checklist for employees. I will review it prior to employment and annually	9/25/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** SCG #3 – Valid first aid certification unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** FIRST AID CERTIFICATION WAS DONE 4/29/22 AND IS VALID UNTIL 4/29/24. MADE A XEROX COPY FOR CH RECORDS STATE OF HAWAII DOH-OHCA STATE LICENSING 23 AUG 11 P3:52	8/10/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** SCG #3 – Valid first aid certification unavailable for review. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will include First Aid Certification on my employee checklist and will review it upon employment and on yearly basis.	9/25/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** SCG #3 – Primary caregiver training unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** DATE OF HIRE OF SCG # 3 WAS 5/1/23 TRAINING BY PCG WAS ALSO DONE & COMPLETED ON 5/1/23 SKILLS DOCUMENT CHECKLIST FILED ON PATIENT'S CHART	8/11/23

STATE OF HAWAII
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** SCG #3 – Primary caregiver training unavailable for review. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will include caregiver training on my employee checklist and will review it upon employment and on yearly basis	9/25/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** SCG #3 – Valid cardiopulmonary resuscitation (CPR) certification unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** CPR certification was done 4/29/22 and is valid until 4/29/24. Made a xerox copy for CH records. STATE OF HAWAII DOH-OHCA STATE LICENSING '23 AUG 11 P3:52	8/11/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** SCG #3 – Valid cardiopulmonary resuscitation (CPR) certification unavailable for review. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will include CPR certification on my employee checklist and will review it upon employment and on yearly basis.	9/25/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family. **FINDINGS** Resident #2 – Diet order dated 5/18/23 states, "Regular, mechanical soft"; however, resident was observed being served potato chips and raw romaine lettuce in sandwich. Items not suitable for mechanical soft diet provided to resident.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH-OHCA STATE LICENSING	23 AUG 11 P3:52

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 8/12/22, 9/22/22, 11/1/22, and 12/13/22, states, "MVI" only. Order was incomplete and did not include dosage and frequency of administration.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH-OHCA STATE LICENSING 23 AUG 11 P3:52	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – No documented evidence blood pressure readings were obtained for the full month of 10/2022, prior to administering, "Nifedipine ER 60mg Tab ER 24hrs one daily – HOLD FOR SYSTOLIC BP LESS THAN 130".	**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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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician's order dated 11/1/22 states, "Lantus Solo Star 100 unit/mL solution Pen-injector subcutaneous 10u SQ AM – hold for fingerstick glucose <100 – to 15u daily"; however, no documented evidence insulin was administered as ordered between 6/13/23-6/15/23.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH-OHCA STATE LICENSING '23 AUG 11 P3:51	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – No documented evidence any prescribed medications (daily or as needed) were administered as ordered on 6/13/23 and 6/14/23.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH-OHCA STATE LICENSING	'23 AUG 11 P3:51

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☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician's order dated 10/21/22-12/15/22 stated, "Trazodone 100mg tablet take 1 tab mouth every night at bedtime"; however, medication administration record (MAR) shows the medication was administered as the following between 11/7/22-12/14/22: "trazodone 100mg 2 tabs PO QHS" and "trazodone 50mg 1 tab PO QHS".	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH-OHCA STATE LICENSING 23 AUG 11 P3:51	

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☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician's order dated 8/12/22-10/20/22 stated, "Remeron 7.5mg now at 1.5 tab daily"; however, MAR shows the medication was administered as the following between 10/1/22-10/20/22: "Mirtazapine (Remeron) 7.5mg ½ tab PO QHS".	**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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☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician's order dated 8/12/22-10/20/22 stated, "Namenda 7mg daily"; however, MAR shows the medication was administered as the following between 8/12/22-10/20/22: "Namenda (memantine) HCl 21mg 1 cap PO daily".	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Retrained Staff on appropriate administration of Namenda Retrained on 8/10/23	9/25/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician's order dated 8/12/22-10/20/22 stated, "Fosamax 70mg daily"; however, MAR shows the medication was administered as the following between 8/12/22-10/20/22: "Alendronate (Fosamax) 70mg 1 tab PO weekly".	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH-OHCA STATE LICENSING '23 AUG 11 P3:46	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician's order dated 8/12/22-10/20/22 stated, "Fosamax 70mg daily"; however, MAR shows the medication was administered as the following between 8/12/22-10/20/22: "Alendronate (Fosamax) 70mg 1 tab PO weekly".	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Retrained Staff on appropriate administration of Fosamax Retrained on 9/10/23	9/25/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician's order dated 10/21/22-12/13/22 stated, "Aspirin EC (ECOTRIN) 81mg Take 1 tab by mouth once time per day"; however, MAR shows the medication was not administered from 11/29/22-12/13/22.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH-OHCA STATE LICENSING '23 AUG 11 P3:45	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician's order dated 10/21/22-12/13/22 stated, "Aspirin EC (ECOTRIN) 81mg Take 1 tab by mouth once time per day"; however, MAR shows the medication was not administered from 11/29/22-12/13/22.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Retrained Staff on appropriate administration of Ecotrin Retrained on 5/10/23	9/25/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Current physician's order initiated on 3/24/23 (and renewed on 6/9/23) states, "Namenda (memantine) 15mg 1 cap PO QD", however, "MAR shows the medication has been administered as the following from 3/24/23-6/12/23" "NAMENDA (memantine) HCl 21mg 1 cap PO daily"	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH-OHCA STATE LICENSING 23 AUG 11 P3:45	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Current physician's order initiated on 3/24/23 (and renewed on 6/9/23) states, "Namenda (memantine) 15mg 1 cap PO QD", however, "MAR shows the medication has been administered as the following from 3/24/23-6/12/23" "NAMENDA (memantine) HCl 21mg 1 cap PO daily"	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Retrained Staff on appropriate administration of ~~Remeron~~ error Namenda Retrained on 8/16/23	9/25/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(1) 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: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #1 – Admission assessment unavailable for readmission on 10/21/22.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH-CHCA STATE LICENSING	'23 AUG 11 P3:45

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(1) 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: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #1 – Admission assessment unavailable for readmission on 10/21/22.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Add ~~Use~~ admission assessment to my admission checklist. I will use checklist at each admission	9/25/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(8) 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: A current inventory of money and valuables. **FINDINGS** Resident #1 – Inventory of valuables/possessions unavailable for readmission on 10/21/22. Current inventory unavailable as well. Submit an inventory of resident's current valuables/possessions with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** INVENTORY OF VALUABLES AND POSSESSIONS WAS COMPLETED AFTER THE INSPECTION ALL BELONGINGS WERE DOCUMENTED ON THE RESIDENT'S VALUABLE/BELONGINGS RECORD ON PATIENTS CHART	7/16/23

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23 AUG 11 P 3:45

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(8) 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: A current inventory of money and valuables. **FINDINGS** Resident #1 – Inventory of valuables/possessions unavailable for readmission on 10/21/22. Current inventory unavailable as well. Submit an inventory of resident's current valuables/possessions with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** USE ADMISSION CHECKLIST & INCLUDE INVENTORY OF BELONGINGS, AND RECHECK BELONGINGS ON THEIR BIRTHDAYS TO ENSURE ALL ITEMS ARE ACCOUNTED FOR	7/16/23

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #3 – Annual physical exam unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** called the Doctors Office to make an appointment after the annual inspection Physical Exam appt: 6/26/23	6/26/23

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'23 AUG 11 P3:45

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #3 – Annual physical exam unavailable for review. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO UTILIZE CHECKLIST /CALENDAR REMINDER FOR WHEN IS THE NEXT PHYSICAL EXAM IS DUE FOR ALL RESIDENTS STATE OF HAWAII DOH-OHCA STATE LICENSING	8/10/23 '23 AUG 11 P3:45

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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; **FINDINGS** Resident #1 – Resident developed blisters on feet per physician's note dated 11/29/22; however, no documented evidence blisters were monitored or if they worsened/resolved.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH-OHCA STATE LICENSING	'23 AUG 11 P3:45

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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; **FINDINGS** Resident #1 – Resident developed blisters on feet per physician's note dated 11/29/22; however, no documented evidence blisters were monitored or if they worsened/resolved.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I WILL POST A REMINDER NOTE: I WILL USE THE FORM PROGRESS NOTES BY CHCA ARCH IR22 01/07 FOR COMPLETE CHARTING. NOTE POSTED ON MY CHART CABINET	9/25/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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; **FINDINGS** Resident #1 – Resident hospitalized from 10/18/22-10/21/22 for acute cystitis; however, no documented evidence of the following: • Resident's change in condition leading up to hospitalization • Resident's condition upon readmission (10/21/22) into facility	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH-OHCA STATE LICENSING '23 AUG 11 P3:43	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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; **FINDINGS** Resident #1 – Resident hospitalized from 10/18/22-10/21/22 for acute cystitis; however, no documented evidence of the following: • Resident's change in condition leading up to hospitalization • Resident's condition upon readmission (10/21/22) into facility	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I WILL POST A REMINDER NOTE TO DOCUMENT ANY CHANGES ON RESIDENT'S CONDITION AND THER CONDITION UPON ADMISSION NOTE POSTED ON CHART CABINET	9/25/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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; **FINDINGS** Resident #1 – Monthly progress notes unavailable from 6/2022-5/2023.	**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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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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; **FINDINGS** Resident #1 – Monthly progress notes unavailable from 6/2022-5/2023.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** (1) I WILL USE THE FORM PROGRESS NOTES BY OHCA FORM IR 2281/07 FOR COMPLETE CHARTING AND ANY ADDITIONAL PROGRESS NOTES OR ADDENDUM, I WILL UTILIZE THE REVERSE SIDE. (2) WHEN THINNING THE CHARTS, I BOUGHT EXTRA FOLDERS FOR USE TO STORE PREVIOUS DOCUMENTATION AND STORE ON THE CARE HOME TILES CABINET. STATE OF HAWAII DOH-OHCA STATE LICENSING	8/10/23 '23 AUG 11 P3:43

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary. **FINDINGS** Resident #1 – Incident report unavailable for resident's change in condition requiring hospitalization from 10/18/22-10/21/22.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH-OHCA STATE LICENSING	23 AUG 11 P3:43

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary. **FINDINGS** Resident #1 – Incident report unavailable for resident's change in condition requiring hospitalization from 10/18/22-10/21/22.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Posted a reminder note to complete an Incident Report on time. There is a significant change in Resident's condition on my chart ~~cl~~ cabinet	9/25/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: **FINDINGS** Resident #1,2,4 – Three (3) non self-preserving residents residing in the facility, exceeding maximum (2) permitted.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PATIENT # 4 HAS BEEN DISCHARGED AS OF 7/11/23 STATE OF HAWAII DOH-OHCA STATE LICENSING '23 AUG 11 P3:43	7/11/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: **FINDINGS** Resident #1,2,4 – Three (3) non self-preserving residents residing in the facility, exceeding maximum (2) permitted.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Post a reminder note for status of all residents on self preservation monthly during fire drills. Note Posted on Chart Cabinet. If self Preservation exceeds maximum permitted, resident will be discharged.	9/26/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; **FINDINGS** Resident #1 – No documented evidence SCG #3 has been trained by the case manager on personalized and specialized care for the resident. Submit proof of training with plan of correction. (1) TRAINING WAS DONE BY ACTUAL DEMONSTRATION BY PCG FOLLOWING CARE PLAN (2) REPEAT ACTUAL DEMONSTRATION WAS DONE BY SCG # 3 ON HER OWN WITH ACCURACY & COMPETENCY	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG # 3 TRAINING BY CASE MANAGER ON PERSONALIZED & SPECIALIZED CARE FOR RESIDENT FOR EARCH WAS DONE ON 5/1/23. DURING THE ORIENTATION PROCESS. REMOVED SKILLS DOCUMENT CHECKLIST FROM CARE HOME BINDER & TRANSFERED ON PATIENTS CHART.	5/1/23 6/10/23

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; **FINDINGS** Resident #1 – No documented evidence SCG #3 has been trained by the case manager on personalized and specialized care for the resident. Submit proof of training with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Made a Reminder Note to review with Case Manager monthly to assess if any training needs to be completed by caregivers. Posted reminder Note on the chart wall 9/25/23	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (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. **FINDINGS** SCG #3 – No documented evidence twelve (12) hours of continuing education training has been completed. Submit a copy of 12 hours of completed continuing education training which will be counted towards the 2023 annual inspection.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** CONTINUING EDUCATION ATTENDED ON THE FOLLOWING DATES RG AUG. 2, 13, & 25. 2022 - FOR 13.5 HRS. SCG#1 AUG. 13, 25, 2022 APRIL 5, 2023 —— FOR 13. HRS SCG#2 AUG. 25, 2022 MAR 10, 2022 JAN 25, 2023 APR 26, 2023 JUN 28, 2023 —— 13.5 HRS STATE OF HAWAII DOH-OHCA STATE LICENSING	8/10/23 '23 AUG 11 P3:43

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (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. **FINDINGS** SCG #3 – No documented evidence twelve (12) hours of continuing education training has been completed. Submit a copy of 12 hours of completed continuing education training which will be counted towards the 2023 annual inspection.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will use ~~an~~ the employee checklist to remind caregivers & sub caregivers to submit 12 hours of Training annually. I will review checklist before June of each year.	9/25/23

Licensee's/Administrator's Signature: _____

Print Name: JESUSA QUINTARO

Date: 9/25/23

Licensee's/Administrator's Signature: _____

Print Name: JESUS G QUINABO

Date: 8/10/23

'23 AUG 11 P3:43

STATE OF HAWAII
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