Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ringen ARCH/Expanded ARCH	CHAPTER 100.1
Address: 17-559 Ipuaiwaha Street, Keaau, Hawaii, 96749	Inspection Date: October 27, 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.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **<u>FINDINGS</u>** Substitute care giver #1: No documented evidence of annual physical exam.	**PART 1** **<u>DID YOU CORRECT THE DEFICIENCY?</u>** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The Annual Physical Exam was Completed 10/06/2023 pior to the expiration date, however it was not physically found in binder. Found and place in Binder.	10/27/2023

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Substitute care giver #1: No documented evidence of annual physical exam.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Pior to the expiration date, a reminder note will be posted on Calendars, Dining area and binder to remind care givers 2-3 months in advance and physically provide the annual physical exam in binder upon Completed.	10/27/2023 23 NOV -7 A9:57

	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 #1: No documented evidence of annual tuberculosis clearance.	**PART 1** **<u>DID YOU CORRECT THE DEFICIENCY?</u>** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Tuberculosis Clearance was completed 10/06/2023 pior to expiration date. however it was not physically found in binder. Tuberculosis - Clearance found and place in binder.	10/27/2023

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	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 #1: No documented evidence of annual tuberculosis clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Pior to the expiration date, a reminder note will be posted on calendars, dining area and binder to remind all care givers 2-3 months in advance and physically provide the annual TB exam in binder upon Completion.	10/27/2023 23 NOV -7 A9 :57

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. FINDINGS Resident #1: Diet order of "No Concentrated sweets", no documented evidence diet is being provided as ordered.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Clarify diet change with residents physician and order "regular" diet. Diet order change place with residents. Chart.	10/30/2023 STATE LICENSING 23 NOV -7 A9:57

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. FINDINGS Resident #1: Diet order of "No Concentrated sweets", no documented evidence diet is being provided as ordered.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Be consistent with documented doctors order and get clarification when necessary and have clear diet specifications from physician with menu. To prevent this from happening again I will do the following: • Ensure myself to carefully review, crosscheck, and follow physician's documented diet orders. • Call physician for clarification as needed. • Ensure myself and my substitute caregivers are consistent with residents diet order(s). • Put up post-it notes where applicable dining table area, residents binder as a reminder.	23 NOV -7 A9:57 STATE OF HAWAII OFFICE OF HEALTH CARE ASSURANCE STATE LICENSING 10/30/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. FINDINGS Resident #2: Diet order of "Heart healthy diet", no documented evidence diet is being provided as ordered.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Clarify diet change with residents physician and order "regular" diet if necessary.	10/30/2023

STATE OF HAWAII DOH-OHCA STATE LICENSING 23 NOV -7 A9:57

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. FINDINGS Resident #2: Diet order of "Heart healthy diet", no documented evidence diet is being provided as ordered.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Be consistent with documented doctor's order and get clarification when necessary and have clear diet specification from physician with necessary menu. To prevent this from happening again, I will do the following: • Ensure myself to carefully review, crosscheck, and follow physician's documented diet orders. • Call physician for clarification as needed. • Ensure myself and my substitute caregivers are consistent with residents diet order(s). Put up post-it notes where applicable (dining table area, resident's binder) as a reminder.	'23 NOV -7 A9 :57 10/30/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; FINDINGS Resident #3: Recording of monthly arm circumference does not indicate whether it is from right arm or left arm.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** To correct this dificiency R/L arm of measurement will be indicated. STATE LICENSING	10/30/2023 '23 NOV -7 A9 57

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; FINDINGS Resident #3: Recording of monthly arm circumference does not indicate whether it is from right arm or left arm.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** A reminder in the vital binder/ document will be posted to indicate. whether R/L arm is being measured.	10/30/2023

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STATE OF HAWAII
DOH-OHCA
STATE LICENSING

Licensee's/Administrator's Signature: [signature]

Print Name: BENITA RIINGEN

Date: 10/30/2023

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STATE OF HAWAII
DOH
STATE LICENSING