Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Palolo Chinese Home Weinberg II	**CHAPTER 100.1**
Address: 2459 10th Avenue, Honolulu, Hawaii 96816	**Inspection Date: December 11, 2024 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
☒	§11-100.1-3 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** SCG #1 – Two consecutive years of Fieldprint clearance unavailable. Only one Fieldprint clearance provided dated 1/9/24	**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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☒	§11-100.1-3 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** SCG #1 – Two consecutive years of Fieldprint clearance unavailable. Only one Fieldprint clearance provided dated 1/9/24	**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.§11-100.1-3 Licensing. (b)(1)(I) SCG #1 - Two consecutive years of Fieldprint clearance unavailable. Only one Fieldprint clearance provided dated 1/9/24 •For SCG #1 another Fieldprint clearance was scheduled on 12/13/24 and completed on 12/18/24. •All primary caregivers and substitute caregivers were scheduled for a Fieldprint clearance between 12/30/24 and 1/6/25. Testing and results should be received by 1/9/25. •On 1/6 and 1/7/2025 the policy and procedure, "Background Check Requirements for ARCH and EARCH" was implemented and staff (Administration, HR and ARCH) current and new) were in-serviced on this requirement, with testing requirements met. Training will continue annually. •Beginning 1/9/2025, every month the HR Director/designee will audit all ARCH employees and validate that each caregiver will have an initial Fieldprint clearance, another 1 the following year, then every two years thereafter. Monthly audits and follow-up will be reported to the Quality Assurance Committee quarterly until such a time consistent substantial compliance has been achieved as determined by the committee.	01/09/2025

	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 Per progress note dated 8/26/24, resident exhibited signs/symptoms of hypotension with blood pressure of 67/34; however, no documented evidence monitoring occurred. Unknown if resident's blood pressure improved and signs/symptoms resolved.	**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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☒	§11-100.1-17 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 Per progress note dated 8/26/24, resident exhibited signs/symptoms of hypotension with blood pressure of 67/34; however, no documented evidence monitoring occurred. Unknown if resident's blood pressure improved and signs/symptoms 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?** 7 §11-100.1-17 Records and reports (b)(3) Resident #1 Per progress note dated 8/26/24, resident exhibited signs/symptoms of hypotension with blood pressure of 67/34; however, no documented evidence monitoring occurred. Unknown if resident's blood pressure improved and signs/symptoms resolved. •On 12/11/2024 the SCG #1 found documentation on that day of 8/26/2024, Resident #1's blood pressure improved to BP 148/80-74 02sat 96%, placed back to bed, pushed fluids, elevated legs, held BP medications with BP improving then did follow-up BP on, 8/27/2024, 111/65, and 08/28/2024 was 109/68 (BP meds held), on 8/29/2024 the BP was 126/75 with no signs/symptoms. Held BP medication held on 8/28 and 08/30, BP 104/56. •On 12/18/2024 the SCG # 1 the Director of Nursing audited all records to ensure that each had documentation that followed up on all resident changes in condition. •On 01/03/2024 the Director of Nursing updated the ARCH policy and procedure, "Nursing Responsibilities and Alert Charting" to include that "progress notes shall be written on a monthly basis, or more often as appropriate, will 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 will be completed immediately when any incident occurs." The licensed nurse will leave instructions for the medication aides or charge nurse on what to assess for, actions to be taken such as contacting the licensed nurse or physician and to document in the progress notes when a resident condition requires monitoring. The medication aides will call the licensed nurse or charge nurse for any change in condition for follow-up. 01/06 and 01/07/2025 all current, new Administration, Nurse Managers and Charge Nurses, and ARCH staff were trained on this requirement and annually thereafter. •Beginning 1/1/2025, every month the Director of Nursing/designee will audit all ARCH records to ensure that each resident condition change has evidence of monitoring with interventions. Monthly audits and follow-up will be reported to the Quality Assurance Committee quarterly until such a time consistent substantial compliance has been achieved as determined by the committee.	01/07/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. **FINDINGS** Resident #2 Resident financial statement 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** 3.§11-100.1-19 Resident accounts. (a) Resident #2 – Resident financial statement unavailable for review Submit a copy with plan of correction. •On 12/16/2024 Resident #2 signed a "Resident Financial Statement". A copy was filed in the medical record. See attached. •On 12/28/2024 all other residents signed a "Resident Financial Statement". Copies were filed in each medical record.	12/28/2024

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☒	§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. **FINDINGS** Resident #2 Resident financial statement 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?** §11-100.1-19 Resident accounts. (a) Resident #2 – Resident financial statement unavailable for review Submit a copy with plan of correction. •On 12/20/2024, a copy of the "Resident Financial Statement" form was placed in each new resident admission packet by the Admission Coordinator. On January 6 and 7, 2025 all Administration/Admissions/Business Office/ARCH staff were in-serviced on this requirement. Training will be done annually. •Beginning 1/1/2025, every month the Director of Nursing/designee will audit all ARCH records to ensure that each resident has signed and completed a "resident Financial Statement" form. Monthly audits and follow-up will be reported to the Quality Assurance Committee quarterly until such a time consistent substantial compliance has been achieved as determined by the committee.	01/07/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: 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, **FINDINGS** Monthly fire drills unavailable between 12/2023-6/2024 and 11/2024	**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
☒	§11-100.1-83 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 resident's manager provided training on personal and specialized (e.g., safe swallow training) care to caregivers Submit a copy of completed training with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** §11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3 Resident #1 – No documented evidence resident's manager provided training on personal and specialized (e.g., safe swallow training) care to caregivers. The case manager was educated on this requirement by PCH's primary caregiver. Submit a copy of completed training with plan of correction. •On 12/16/2024 the case manager provided training to staff on specialized care/swallow training to care givers. Attached training completed. •On 12/16/2024 the residents were assessed, and caregivers/substitute were monitored for any specialized care and training and was completed by the case manager.	12/16/2024

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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; **FINDINGS** Resident #1 – Current medication orders (except HCTZ, losartan, and mirtazapine) not reflected on current care plan dated 12/8/24 Submit a copy of revised care plan with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** §11-100.1-88 Case management qualifications and services. (c)(2) Resident #1 – Current medication orders (except HCTZ, losartan, and mirtazapine) not reflected on current care plan dated 12/8/24 Submit a copy of revised care plan with plan of correction. •On 12/16/2024 the case manager added the current medications to Resident #1's care plan. The case manager was educated on this requirement by PCH's primary caregiver. Attached care plan completed. •On 12/16/2024 all-other resident's current care plans were audited and medications added as indicated.	12/16/2024

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☒	§11-100.1-88 Case management qualifications and services. (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; **FINDINGS** Resident #1 – Current medication orders (except HCTZ, losartan, and mirtazapine) not reflected on current care plan dated 12/8/24 Submit a copy of revised care plan 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?** §11-100.1-88 Case management qualifications and services. (c)(2) Resident #1 – Current medication orders (except HCTZ, losartan, and mirtazapine) not reflected on current care plan dated 12/8/24 Submit a copy of revised care plan with plan of correction. •On 01/03/2025 the policy and procedure on "Case Management Qualification and Services" was updated to include that a registered nurse (case manager) will document resident current medications onto current care plans. All current, new Administration, Nurse Managers and Charge Nurses, and ARCH staff will be trained on this requirement and annually thereafter. •Beginning 1/7/2025, every month the Director of Nursing/designee will audit all resident records to ensure that the registered nurse/care giver documents all the resident current medications onto the current care plans. Monthly audits and follow-up will be reported to the Quality Assurance Committee quarterly until such a time consistent substantial compliance has been achieved as determined by the committee.	01/07/2025

Licensee's/Administrator's Signature: _____

Print Name: DARLENE NAKAYAMA

Date: 01/08/2025