Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha Lifeline ARCH/E-ARCH, LLC	**CHAPTER 100.1**
Address: **91-983 Ikulani Street, Ewa Beach, Hawaii 96706**	**Inspection Date: October 24, 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
☒	§11-100.1-87 Personal care services. (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver. **FINDINGS** Substitute care giver (SCG) – No documented evidence that the case manager provided training to ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided. **Please submit a copy of the training with your plan of correction.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** CHO notified RN Case Managers of E-ARCH clients that one of the SCG needed to also needed to be delegated by an E-ARCH RN Case Manager/s aside from CHO providing the training. RN delegations completed dated 11/10/2024 and 11/14/2024 during RN Case managers monthly visit.	11/14/24

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☒	§11-100.1-87 Personal care services. (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver. **FINDINGS** SCG – No documented evidence that the case manager provided training to ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided. **Please submit a copy of the training with your 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?** CHO WOULD CREATE AND ESTABLISHED CHECKLIST FOR CLEARANCES AND REQUIREMENTS FOR ALL SUBTITUTE CAREGIVERS WHICH INCLUDES DOCUMENTED EVIDENCES OF TRAINING PROVIDED TO CAREGIVERS BY CLIENT's CASE MANAGERS. CHO WILL MONITOR, REVIEW AND INPUT REMINDERS ON THE CALENDAR FOR EVERY THREE MONTHS AND AS NEEDED IN ORDER TO REVIEW THE SAID CHECKLIST AND DOCUMENTS, TO ENSURE EVERYTHING IS CURRENT & AVAILABLE .	01/27/2025

Licensee's/Administrator's Signature: _____

Print Name: Romera Jornacion

Date: Nov 15, 2024

Licensee's/Administrator's Signature: _____

Print Name: Romera Jornacion

Date: Jan 27, 2025