Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aletha's Expanded ARCH	**CHAPTER 100.1**
Address: 99-631 Ulune Street, Aiea, Hawaii 96701	**Inspection Date: March 28, 2025 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
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #5 – No documented evidence of a current annual diet order by a physician or advanced practice registered nurse (APRN) on file. Current documented diet, ordered on 1/15/2025, noted "Pureed."	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes Deficiency has been corrected. I notified Hospice Case Manager about the deficiency, He then notified PCP about the issue and corrected the diet to "Regular Diet, consistency is Pureed"	03/31/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #5 – No documented evidence of a current annual diet order by a physician or APRN on file. Current documented diet, ordered on 1/15/2025, noted "Pureed."	**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 create a checklist prior to bringing clients in for a yearly physical to remind myself and along with my secondary caregivers that Physical forms are filled out properly and that "pureed" is not a type of diet but its a consistency of the diet i.e Regular diet-pureed consistency.	

	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 #5 – No documented evidence of a current tuberculosis clearance signed by a physician or APRN on file.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, Deficiency was properly corrected. I notified the Hospice Case Manager about the issue regarding the TB form that a Registered Nurse (RN), cannot sign the form and only a Physician, APRN, or NP can sign it. Hospice Case Manager redid the form and was signed by PCP.	3/31/2025

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☒	§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 #5 – No documented evidence of a current tuberculosis clearance signed by a physician or APRN on file.	**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 ensure that this type of issues does not happen again, I, along with my secondary caregivers, will create a checklist or guidelines that we can use during patient assessment that includes a reminder for RNs roles and responsibilities when it comes to the TB clearance forms that they can fill out the forms but a Physician, APRN or NP are the only ones that are allowed to sign on the forms.	

	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 #5 – No documented evidence of a monthly weight, or alternative measure of resident's nutritional status from February 2024 to present.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	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 #5 – No documented evidence of a monthly weight, or alternative measure of resident's nutritional status from February 2024 to present.	**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 ensure that this type of issue does not happen again, I, along with my secondary caregivers, will create a mobile phone reminder to send us alerts at the end of each month to ask Hospice Case Manager to share montly weight of client or alternative measurement taken so we can also note it in our folder. If client will no longer be managed by Hospice, then we will create the same reminder but this time, we will take measurements of the circumference of the arms around the bicep area three times and we will note the average in our folder.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. **FINDINGS** Resident #3 – No documented evidence of a current inventory of belongings on file. Last update on 4/14/2023.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, the deficiency was corrected immediately after the inspection on March 28, 2025. I did the inventory on clients belongings and noted it in our folder	3/28/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. **FINDINGS** Resident #3 – No documented evidence of a current inventory of belongings on file. Last update on 4/14/2023	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To ensure that this type of deficiency will not happen again, I, along with my secondary caregivers, will create a reminder on my mobile phone to send me an alert on each of my clients birthday to do the annual inventory of the clients belongings to avoid overlooking this issue.	

	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 – No documented evidence of a current annual self-preservation evaluation by a physician or APRN on file. Physician noted resident as "self-preserving" on the "Resident Admission Medical & Personal History" form, dated 2/26/2025. However, same physician noted resident as "Non-self-preserving" on the "Self-Preservation Statement" form, also dated 2/26/2025.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, the deficiency has been corrected. I informed client's Case Manager about the discrepancy on the matter and she has faxed the client's PCP with a new form with the correct documentation.	3/31/2025

	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 – No documented evidence of a current annual self-preservation evaluation by a physician or APRN on file. Physician noted resident as "self-preserving" on the "Resident Admission Medical & Personal History" form, dated 2/26/2025. However, same physician noted resident as "Non-self-preserving" on the "Self-Preservation Statement" form, also dated 2/26/2025.	**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 ensure that this discrepancy in documentation will not happen again, I, along with my secondary caregivers, will create a reminder or create a checklist during the client's annual physical to make sure that the PCP correctly fill out the forms and correctly check the proper boxes because at times they offer look the small details in the form. I will also make sure to double check all physical forms and necessary forms that they are correctly filled out prior to leaving the doctor's office.	

	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** Substitute Care Giver (SCG) #2 – No documented evidence of twelve (12) continuing education hours completed within the past twelve (12) months on file.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, the deficiency has been properly addressed. Substitute or Secondary Care Giver has completed twelve (12) continuing education hours.	03/31/2025

	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 #2 – No documented evidence of twelve (12) continuing education hours completed within the past twelve (12) months on file.	**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 ensure that this will never happen again, I, as the Primary Care Giver, It is my responsibility as a carehome operation to create and will create a Standard Operating Procedure (SOP) for new hires to include but not limited to completion of twelve (12) continuing education hours annually.	

Licensee's/Administrator's Signature: florence Oliveros

Print Name: florence Oliveros

Date: Mar 31, 2025