Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Evelyn Valdez (ARCH/Expanded ARCH)	**CHAPTER 100.1**
Address: 91-1129 Kiwi Street, Ewa Beach, Hawaii 96706	**Inspection Date: February 21, 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 – Current Fieldprint clearance unavailable 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** The Fieldprint clearance for [redacted] was completed and sent to the Department of Health. A copy of the result was requested from [redacted] numerous times but she was unable to provide a copy. Therefore, she no longer an employee for this carehome.	3/15/25

	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 – Current Fieldprint clearance unavailable 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?** SCG #1 The fieldprint clearance for [redacted] was completed and sent to the Department of Health. I will create a reminder tool with excel spreadsheet checklist that will include caregiver name, phone number, field print expiration date. I will review this reminder tool monthly to anticipate any upcoming expiration dates. I will remind caregivers when expiration dates are upcoming at 60 days and 30 days to allow them time to obtain their fieldprint clearance before it's expiration date. I will inform the caregivers that I expect a renewal field print clearance one week before the expiration date.	04/21/2025

	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 #1 – Initial 2-step and annual TB clearance unavailable 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** SCG #1 The TB clearance for [redacted] was not expired when she was an employee. When she was no longer an emplyee, that's when it expired. She was removed from my caregiver list since she no longer provide care in my ARCH-E.	03/15/2025

	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 #1 – Initial 2-step and annual TB clearance unavailable 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 create a reminder tool with excel spreadsheet checklist that will include caregiver name, phone number, TB expiration date. I will review this reminder tool monthly to anticipate any upcoming expiration dates. I will remind caregivers when expiration dates are upcoming at 60 days and 30 days to allow them time to obtain their fieldprint clearance before it's expiration date. I will inform the caregivers that I expect a renewal TB test one week before the expiration date.	04/21/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it. **FINDINGS** Resident #2 – Level of care (ARCH) does not reflect resident's current condition (bedbound) Submit an updated level of care evaluation by resident's physician with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I corrected the deficiency by obtaining the document from Island Hospice which reflects the resident's current condition and level of care.	3/11/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it. **FINDINGS** Resident #2 – Level of care (ARCH) does not reflect resident's current condition (bedbound) Submit an updated level of care evaluation by resident's physician 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 create a reminder tool with a checklist that will includes required annual documentation for each client and leave it in the front of the chart. The checklist will have a section for Level of Care and I will write the date of expiration. I will review this reminder tool monthly to anticipate any upcoming expired documentation. I will obtain the renewal documentation before the expiration and file in the chart. Once documentation has been obtain then I will write the new expiration on my checklist. I will change the checklist at the end of the year so it's a clean document with it's current expiration dates for the next year. Regarding admission documentations I will use the ARCH admission checklist and make sure the client has all it's required admission documentation prior to admission to the ARCH-E.	04/21/2025

	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 #2 – Annual diet order unavailable Submit a copy with plan of correction.	**PART I** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I corrected the deficiency by obtaining the document from Island Hospice which provides the resident's current diet order for the year.	3/17/25

	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 #2 – Annual diet order unavailable 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 create a reminder tool with a checklist that will includes required annual documentation for each client and leave it in the front of the chart. The checklist will have a section for Diet Order and I will write the date of expiration. I will review this reminder tool monthly to anticipate any upcoming expired documentation. I will obtain the renewal documentation before the expiration and file in the chart. Once documentation has been obtain then I will write the new expiration on my checklist. I will change the checklist at the end of the year so it's a clean document with it's current expiration dates for the next year. Regarding admission documentations I will use the ARCH admission checklist and make sure the client has all it's required admission documentation prior to admission to the ARCH-E.	04/21/2025

	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 #2 – Annual physical exam unavailable 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** I corrected this deficiency by obtaining a copy of the document reflecting the resident's annual physical exam from Island Hospice.	3/15/25

	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 #2 – Annual physical exam unavailable 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 create a reminder tool with a checklist that will includes required annual documentation for each client and leave it in the front of the chart. The checklist will have a section for Annual Physican Exam and I will write the date of expiration. I will review this reminder tool monthly to anticipate any upcoming expired documentation. I will obtain the renewal documentation before the expiration and file in the chart. Once documentation has been obtain then I will write the new expiration on my checklist. I will change the checklist at the end of the year so it's a clean document with it's current expiration dates for the next year.	04/21/2025

	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 #2 – Annual TB clearance unavailable 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** I corrected this deficiency by ~~doing~~ obtaining a copy of the resident's annual TB clearance from Island Hospice.	3/17/25

	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 #2 – Annual TB clearance unavailable 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 create a reminder tool with a checklist that will includes required annual documentation for each client and leave it in the front of the chart. The checklist will have a section for Annual TB Clearance and I will write the date of expiration. I will review this reminder tool monthly to anticipate any upcoming expired documentation. I will obtain the renewal documentation before the expiration and file in the chart. Once documentation has been obtain then I will write the new expiration on my checklist. I will change the checklist at the end of the year so it's a clean document with it's current expiration dates for the next year.	04/21/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(A) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out; **FINDINGS** Resident #1 – Signed copy of resident's rights and responsibilities for admission on 5/28/23	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	3/17/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(A) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out; **FINDINGS** Resident #1 – Signed copy of resident's rights and responsibilities for admission on 5/28/23	**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 the ARCH admission checklist and make sure the client has all it's required admission documentation prior to admission to the ARCH-E. I will review this checklist prior to client being admitted to ARCH-E.	04/21/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate; **FINDINGS** Resident #1 – Signed copy of related charges for services for admission on 5/28/23	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	3/17/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate; **FINDINGS** Resident #1 – Signed copy of related charges for services for admission on 5/28/23	**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 the ARCH admission checklist and make sure the client has all it's required admission documentation prior to admission to the ARCH-E. I will review this checklist prior to client being admitted to ARCH-E.	04/21/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (c)(1) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have: Annual physical and dental examinations; **FINDINGS** **Resident #1** -Annual dental exam unavailable Submit evidence of annual dental exam completed or declination statement with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I corrected this deficiency by obtaining a declination statement from the resident since the resident does not have any teeth.	3/11/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (c)(1) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have: Annual physical and dental examinations; **FINDINGS** Resident #1 -Annual dental exam unavailable Submit evidence of annual dental exam completed or declination statement 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 create a reminder tool with a checklist that will includes required annual documentation for each client and leave it in the front of the chart. The checklist will have a section for Annual Dental Exam and I will write the date of expiration. I will review this reminder tool monthly to anticipate any upcoming expired documentation. I will obtain the renewal documentation before the expiration and file in the chart. Once documentation has been obtain then I will write the new expiration on my checklist. I will change the checklist at the end of the year so it's a clean document with it's current expiration dates for the next year.	04/21/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who: **FINDINGS** Resident #2 – No documented evidence full care, hospice resident is enrolled in case management or proof of case management waiver available Submit evidence of enrollment in case management services or request to waive case management services.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Letter received by clients P.O.A. waiving case management services. Email with letter attached sent [redacted]	04/28/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who: **FINDINGS** Resident #2 – No documented evidence full care, hospice resident is enrolled in case management or proof of case management waiver available Submit evidence of enrollment in case management services or request to waive case management services.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Once a client becomes expanded level, I will inform the clients P.O.A. or the client of the need for a case management. The client and/or clients P.O.A. can make their choice on a case management agency they would like to partake with. If they decide they do not want a case management agency, I will educated them that a waiver must be completed.	04/21/2025

	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 reside...; **FINDINGS** Resident #1 – Current medication orders are not reflected in current care plan dated 1/20/25 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** I corrected the deficiency by obtaining a copy of the revised care plan for the resident from the nurse case manager reflecting current medication orders.	2/17/25

	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 are not reflected in current care plan dated 1/20/25 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?** I will create a reminder tool with a checklist that will includes required documentation for each client and leave it in the front of the chart. The checklist will have a section for Annual Service Plan with medication list and I will write the date of expiration. I will review this reminder tool monthly to anticipate any upcoming expired documentation. I will obtain the renewal documentation before the expiration and file in the chart. Once documentation has been obtain then I will write the new expiration on my checklist. I will change the checklist at the end of the year so it's a clean document with it's current expiration dates for the next year. I have informed Nightingale Case Management of the required documentation for current medication orders to be included in care plan.	04/28/2025

Licensee's/Administrator's Signature: Evelyn Valdez

Print Name: Evelyn Valdez

Date: 3/15/21

Licensee's/Administrator's Signature: Evelyn Valdez

Print Name: Evelyn Valdez

Date: 04/28/2025