Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hawaii Kai ARCH	**CHAPTER 100.1**
Address: **308 Kuliouou Road, Honolulu, Hawaii 96821**	**Inspection Date: February 12, 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
☒	§11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies: **FINDINGS** Resident #2 - No documentation of an initial (2 step) tuberculosis (TB) clearance. *Submit documentation with your plan of correction (POC).*	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I called Straub Clinic to make an appointment for resident's TB test. The clinic recommended the resident to get a QuantiFERON TB gold test. Therefore I took resident to get QFT Plus on 2/14/25. Test came out positive. Therefore, resident had telehealth w/ PCP who ordered a chest x-ray to rule out TB disease. Chest x-ray was done on 2/20/25 and results came back negative on 2/25/25. TB clearance and TB risk assessment forms signed by resident's PCP. Documents filed in resident's binder.	2/26/25

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☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 – Primary caregiver (PCG) assessment form dated 3/27/24 was incomplete - diagnosis and diet section were left blank.	**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. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 – Primary caregiver (PCG) assessment form dated 3/27/24 was incomplete – diagnosis and diet section were left blank.	**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 make sure that all areas of my PCG assessment form is completed upon admission or readmission. Will obtain primary diagnosis from resident's PCP records and will make sure that diet is filled out appropriately as it was ordered by PCP. Also double check that no spaces are left blank. If unsure I will contact PCP, family, or previous care giver if necessary.	2/26/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(1) 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: Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects; **FINDINGS** Resident #1 -- No documentation of an initial comprehensive assessment completed by the registered nurse (RN) case manager (CM). *Submit a copy with your POC*	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** RN CM visited for monthly visit on 2/25/25. I went over citation w/ RN CM. RN CM obtained the initial comprehensive assessment done for resident on 3/27/24 and dropped off original copy. Assessment was filed in resident's RN CM binder.	2/26/25

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☒	§11-100.1-88 Case management qualifications and services. (c)(3) 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: Review the care plan monthly, or sooner as appropriate; **FINDINGS** Resident #1 – No documentation that the RN CM completed a monthly review of the care plan.	**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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☒	§11-100.1-88 Case management qualifications and services. (c)(3) 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: Review the care plan monthly, or sooner as appropriate; **FINDINGS** Resident #1 – No documentation that the RN CM completed a monthly review of the care plan.	**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 does not happen again, when I review the monthly RN CM visit notes / assessment, I will make sure that the section stating that the care plan has been reviewed, is checked off and will discuss the care plan and any changes with RN CM. I will once again check at the end of the month that RN CM reviewed the care plan and that its documented. Will review sooner if need (such as changes to care plan).	2/26/25

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☒	§11-100.1-88 Case management qualifications and services. (c)(10) 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: Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate; **FINDINGS** Resident #1 – No documentation that the RN CM completed a comprehensive assessment every six (6) months.	**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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☒	§11-100.1-88 Case management qualifications and services. (c)(10) 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: Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate; **FINDINGS** Resident #1 – No documentation that the RN CM completed a comprehensive aseessment every six (6) months.	**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 this does not happen again, when resident's 6 month assessment is due, I will make sure that RN CM completes a comprehensive assessment during visit and sign comprehensive assessment. I will make sure RN CM documents that assessment was completed in notes. I will also mark on the calendar when any comprehensive assessment is due and remind RN CM before/during visit.	2/26/25

Licensee's/Administrator's Signature: Belarmina Rol

Print Name: Belarmina Rol

Date: 04/15/2025