Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

cility's Name: Island Promise ARCH	**CHAPTER 100.1**
dress: **30 Laaken Street, Honolulu, Hawaii 96818**	**Inspection Date: March 11, 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-)(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).

ISLAND PROMISE ARCH II

4330 Laakea St., Honolulu Hawaii 96818

STATEMENTS OF DEFICIENCIES AND PLAN OF CORRECTION

INSPECTION DATE : March 11, 2025

11-100.1-13 Nutrition (I)

Resident # 5- No documented evidence of a current Annual Diet Order by a physician or advanced practice registered nurse (APRN)

Plan of Correction:

Part I : This CHO notified St. Francis Hospice Nurse about the discrepancy of the written diet of the resident on the Annual PE Record. This CHO Emailed the Annual PE Form to the hospice nurse and informed the nurse regarding the discrepancy. The Hospice nurse returned the corrected form to this CHO after the ST. Francis Hospice APRN corrected the Resident Annual PE Form.

Part. 2: This CHO created a checklist to check when the resident's Annual PE Form that the M.D. or APRN DO THEIR Annual PE Assessment to the resident. The following checklist created:

1) Correct Patient's Name
2) Resident's DOB
3) Correct Diagnosis
4) Correct Diet
5) Correct Self Preservation
6) Updated Level of Care
7) Annual TB Clearance

Anita Felipe

Anita Felipe, RN

3/30/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-1001-13 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)	**PART I** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** See attached	Maria Felipe RN 3/30/2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒ §11-100.1-13 Nutrition. (t) 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.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** See attached	Anita Felipe RN 3/30/17

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STATEMENTS OF DEFICIENCIES AND PLAN OF CORRECTION

INSPECTION DATE : March 11, 2025

11-100.1-15 Medication (e)

Resident # 1 Physician Ordered "Bisacodyl 10 mg supp, 1 supp PR as needed for no BM X 3 days. Medication not Available in facility for resident use.

Plan of Correction

Part I : This CHO obtained the ordered Bisacodyl 10 mg from the nearby pharmacy as OTC. The above medicine was labeled with the resident's name, medicine name, route, frequency and right dose and placed this medicine in the resident's medicine Bin inside the locked medicine cabinet.

Part 2: The CHO placed a reminder note Infront of the medicine cabinet and in the bulletin board to check all resident's medication bins to make sure all the ordered medications are written in the MAR and available to use for the resident as ordered at all times.

Anita Felipe

Anita Felipe, RN

3/30/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100 1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN **FINDINGS** Resident #1 – Physician ordered "Bisacodyl 10mg supp, 1 supp PR as needed for no BM x 3 days " Medication not available in facility for resident use.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** See attached	Anita Fikpe RN 3/30/2015

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician ordered "Bisacodyl 10mg supp, 1 supp PR as needed for no BM x 3 days." Medication not available in facility for resident use.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** See attached	Maria Felipe RN 3/30/2025

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STATEMENTS OF DEFICIENCIES AND PLAN OF CORRECTION

INSPECTION DATE : March 11, 2025

11-100.1-17 Records and Reports (b) (l)

Resident #3 and # 5, no documented evidence of a current Annual Level of Care Evaluation by a physician or APPRN

Plan of Correction:

Part I : This CHO notified St. Francis Hospice Nurse about the discrepancy on the resident's Level of Care Evaluation on the Annual PE Form. This CHO Emailed the Annual PE Form to the hospice nurse and informed the nurse regarding the missing check off of the Level of Care on the Annual PE Form. The Hospice nurse returned the corrected form to this CHO after the ST Francis Hospice APRN corrected the Resident Annual PE Form

Part. 2: This CHO created a checklist to check when the resident's Annual PE Form that the M.D. or APRN DO THEIR Annual PE Assessment to the resident. The following checklist created:

1) Correct Patient's Name
2) Resident's DOB
3) Correct Diagnosis
4) Correct Diet
5) Correct Self Preservation
6) Updated Level of Care
7) Annual TB Clearance

Anita Felipe, RN

3/30/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-1001-17 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 #3 & Resident #5 - No documented evidence of a current annual level of care evaluation by a physician or APRN	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** See Attached	Felipe RN 3/30/2015

	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 #3 & Resident #5 - No documented evidence of a current annual level of care evaluation by a physician or APRN.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** See Attached Anne Felipe RN 3/30/2023	

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STATEMENTS OF DEFICIENCIES AND PLAN OF CORRECTION

INSPECTION DATE : March 11, 2025

11-100.1-17 Records and Reports (b) (1)

Resident #3 & # 5 – No documented evidence of a current Annual Tuberculosis clearance by a physician or APRN

Plan of Care

Part 1 : This CHO notified the St Francis Nurse regarding the required TB Assessment Clearance as required by DOH for all Care Homes. The hospice nurse was able to provide this CHO for the updated TB Assessment clearance signed by the APRN.

Part 2: This CHO created a checklist to check when the resident's Annual PE Form are filled up by the M D. or APRN during Annual PE Assessment to the resident. The following checklist created:

1) Correct Patient's Name
2) Resident's DOB
3) Correct Diagnosis
4) Correct Diet
5) Correct Self Preservation
6) Updated Level of Care
7) Annual TB Clearance

Anita Felipe, RN

3/30/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-1001-17 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 #3 & Resident #5 No documented evidence of a current annual tuberculosis clearance by a physician or APRN.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** See Attached	Anita Felipe 3/30 hours

	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 #3 & Resident #5 - No documented evidence of a current annual tuberculosis clearance by a physician or APRN.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** See Attached Ante Felipe RN 3/30/2015	

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STATEMENTS OF DEFICIENCIES AND PLAN OF CORRECTION

INSPECTION DATE : March 11, 2025

11 100.1 23 Physical environment (g) (3) (1)

Resident ## & #5 – No documented evidence of a current self-preservation evaluation by a physician or APRN.

Plan of Care

Part 1 : This CHO notified the St. Francis Hospice Nurse regarding the discrepancy on the Annual PE Form. The PE Form was emailed to the nurse and informed the nurse regarding the missing

Check off of the self-preservation evaluation of the residents. The hospice nurse returned the updated PE form indicating the current self-preservation evaluation to this CHO as signed by the APRN and inputted the updated form in the resident's folder.

Part 2 : Part. 2: This CHO created a checklist to check when the resident's Annual PE Form that the M.D. or APRN do their Annual PE Assessment to the resident. The following checklist created:

1) Correct Patient's Name
2) Resident's DOB
3) Correct Diagnosis
4) Correct Diet
5) Correct Self Preservation
6) Updated Level of Care
7) Annual TB Clearance

Anita Felipe, RN

3/30/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-1001-23 Physical environment. (g)(3)(l) 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 #3 & Resident #5 - No documented evidence of a current self-preservation evaluation by a physician or APRN	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** See attached Anita Felipe 3/30/2015	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(1) 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 #3 & Resident #5 – No documented evidence of a current self-preservation evaluation by a physician or APRN	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** See attached Anita Felipe RN 3/30/2015	

Licensee's/Administrator's Signature: Anita Felipe Ray

Print Name: Anita Felipe

Date: 3/30/2025