

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E. Mabini ARCH	CHAPTER 100.1
Address: 94-1083 Kahaulua Street, Waipahu, Hawaii 96797	Inspection Date: February 18, 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
☒	§11-100.1-3 <u>Licensing</u>. (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; <u>FINDINGS</u> SCG #1 – Two (2) consecutive years of Fieldprint clearance unavailable. Last Fieldprint clearance available dated 4/5/23 Submit a copy of 2022, 2024, or 2025 Fieldprint clearance with plan of correction.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY SCG #1 Work with the E. Mabini Care Home terminated as of 1-02-2025. Subject SGG provided services from 12-30-2024 to 1-02-2025 only. SCG #1 returned to the Philippines.	02/18/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 <u>Licensing</u>, (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; <u>FINDINGS</u> SCG #1 – Two (2) consecutive years of Fieldprint clearance unavailable. Last Fieldprint clearance available dated 4/5/23 Submit a copy of 2022, 2024, or 2025 Fieldprint clearance with plan of correction.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>I created a Fieldprint due date/expiration date list for all employees. I'll review expiration list quarterly and notify staff to obtain Fieldprint clearance.</i>	5-13-2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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. <u>FINDINGS</u> SCG #1 – Initial 2-step TB clearance unavailable for review Submit a copy with plan of correction.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY SCG #1 Work with the E. Mabini Care Home terminated as of 1-02-2025. Subject SGG provided services from 12-30-2024 to 1-02-2025 only. SCG #1 returned to the Philippines.	02/18/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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. <u>FINDINGS</u> SCG #1 – Initial 2-step TB clearance unavailable for review Submit a copy with plan of correction.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>I will create a new-hire checklist for staff that would include the initial 2-step TB clearance. I will review checklist upon each hiring</i>	<i>5-13-2025</i>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. <u>FINDINGS</u> Menus (regular and regular, chopped) unavailable in upstairs kitchen where meals are prepared in private living area Menus (regular and regular, chopped) are incomplete and do not include Sunday-Tuesday	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Regular and regular chopped menus are made available and included Sundays to Saturdays as shown during the survey.	02/18/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. <u>FINDINGS</u> Menus (regular and regular, chopped) unavailable in upstairs kitchen where meals are prepared in private living area Menus (regular and regular, chopped) are incomplete and do not include Sunday-Tuesday	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>Remind staff via in service to always check that diet menu is posted in kitchen when preparing or serving meals. Staff to notify PCG if menu is missing</i>	5-13-2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions. <u>FINDINGS</u> Food items, bottled water, nutritional supplement drinks stored on pantry floor Bags of rice stored on hallway floor Bedroom #7 – Case of Ensure stored on bedroom closet floor	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Moved food items, bottled water, nutritional supplement drinks and placed in the shelf. Provided a storage cart to store 3 bags of rice so as not to touch the hallway floor. Placed 1 case of ensure on top of the dresser. Now, all food/drink items are not touching the floor and remain to be free from insects.	02/18/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions. <u>FINDINGS</u> Food items, bottled water, nutritional supplement drinks stored on pantry floor Bags of rice stored on hallway floor Bedroom #7 – Case of Ensure stored on bedroom closet floor	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? CHO reminded staff to store all food and drinks 6" off the floor. CHO to check weekly if food items are stored properly.	3-13-2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (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; <u>FINDINGS</u> Resident #1 – Initial 2-step TB clearance unavailable for review Submit a copy with plan of correction.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Took Resident #1 to the DOH TB Department and obtained a copy of the 2-step TB Clearance.	03/03/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (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; <u>FINDINGS</u> Resident #1 – Initial 2-step TB clearance unavailable for review Submit a copy with plan of correction.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>I will create an admission checklist for new residents that includes the initial TB clearance. I will use admission checklist at each admission.</i>	5-13-2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; <u>FINDINGS</u> Resident #1 – Nephrology NP signed two diet orders at the same office visit, “recommend CKD diet: low sodium, low phosphorus, avoidance of excess high potassium-containing foods” and “regular, regular texture thin consistency liquids”; however, clarification on which diet to administer was not available. No evidence follow-up with nurse practitioner was completed. Submit documented evidence of confirmed diet order by nephrology specialist with plan of correction	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Contacted Nephrology Nurse Practitioner on 2-24-2025 and confirmed diet is regular.	02/24/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; <u>FINDINGS</u> Resident #1 – Nephrology NP signed two diet orders at the same office visit, "recommend CKD diet: low sodium, low phosphorus, avoidance of excess high potassium-containing foods" and "regular, regular texture thin consistency liquids"; however, clarification on which diet to administer was not available. No evidence follow-up with nurse practitioner was completed. Submit documented evidence of confirmed diet order by nephrology specialist with plan of correction.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>Put a reminder note on the resident's binder to clarify diet orders if conflicting orders are provided within a short period of time.</i>	5 - 13 - 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; <u>FINDINGS</u> Resident #1 – No documented evidence resident’s case manager provided training to all caregivers on daily personal and specialized care (e.g., seizure training, diabetes topics including hyper/hypoglycemia and footcare) Submit a copy of completed training with plan of correction.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Contacted the RN Case Manager and provided training. Other caregiver [REDACTED] will be trained once available and be free from her other job.	03/04/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; <u>FINDINGS</u> Resident #1 – No documented evidence resident's case manager provided training to all caregivers on daily personal and specialized care (e.g., seizure training, diabetes topics including hyper/hypoglycemia and footcare) Submit a copy of completed training with plan of correction.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>PCG discussed and reminded case manager that she needs to provide daily personal and specialized care to all caregivers as necessary.</i>	5-13-2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 <u>Personal care services.</u> (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; <u>FINDINGS</u> Resident #1 – Annual dental exam unavailable for review Submit evidence of a completed annual dental exam or letter of declination with plan of correction.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Resident #1 refused annual dental examination due to no dental pain; but if resident experiences dental pain then subject said she is willing to make an appointment for further work up. Resident #1 signed declination form submitted on 2/27/2025	02/18/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 <u>Personal care services.</u> (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; <u>FINDINGS</u> Resident #1 – Annual dental exam unavailable for review Submit evidence of a completed annual dental exam or letter of declination with plan of correction.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>Post a reminder to on all residents binders that annual dental check-up is required</i>	<i>5-13-2025</i>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 <u>Case management qualifications and services.</u> (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; <u>FINDINGS</u> Resident #1 – Current medication orders for the following medications are not reflected in the current care plan dated 1/26/25: Levothyroxine, aspirin, sennosides/docusate sodium, MVM, tradjenta, atorvastatin, amlodipine besylate 2.5 mg 1 tab daily, glipizide 5mg 1 tab daily in the evening Submit a copy of updated care plan with plan of correction.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Contacted the RN case manager to update the care plan and to make sure current medications are reflected.	02/27/2025

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☒	§11-100.1-88 <u>Case management qualifications and services.</u> (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; <u>FINDINGS</u> Resident #1 – Current medication orders for the following medications are not reflected in the current care plan dated 1/26/25: Levothyroxine, aspirin, sennosides/docusate sodium, MVM, tradjenta, atorvastatin, amlodipine besylate 2.5 mg 1 tab daily, glipizide 5mg 1 tab daily in the evening Submit a copy of updated care plan with plan of correction.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? PC G discussed and reminded Case manager that all current medication orders need to be included in the care plan. CM acknowledged.	5-13-2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 <u>Case management qualifications and services.</u> (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; <u>FINDINGS</u> Resident #1 – Corresponding health problems/risks for the following prescribed medications/supplements are not reflected in the current care plan dated 1/26/25: Levothyroxine, sennosides/docusate sodium (constipation not addressed in bowel/bladder elimination), MVM, atorvastatin Submit a copy of updated care plan with plan of correction.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY <i>Case plan revised to include all health problems / risks associated with medication orders. See attached.</i>	5 - 13 - 2025 25 MAR 2025

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☒	§11-100.1-88 <u>Case management qualifications and services.</u> (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; <u>FINDINGS</u> Resident #1 – Corresponding health problems/risks for the following prescribed medications/supplements are not reflected in the current care plan dated 1/26/25: Levothyroxine, sennosides/docusate sodium (constipation not addressed in bowel/bladder elimination), MVM, atorvastatin Submit a copy of updated care plan with plan of correction.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>PCG discussed and reminded case manager that all health problems/risks associated w/ current medication orders must be included in the care plan. CM acknowledged.</i>	5-13-2025

Licensee's/Administrator's Signature: Mabini

Print Name: S. Eden S. Mabini

Date: 5-13-2025

STATE OF CALIFORNIA
MAY 13 2025