Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J & A	**CHAPTER 100.1**
Address: **45-349 Kenela Street, Kaneohe, Hawaii 96744**	**Inspection Date: February 8, 2023 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. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	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** Primary care giver (PCG), substitute care giver (SCG) #1, SCG #2, responsible adult (RA) #1, RA #2 and household member #1 – No Fieldprint background check. **Submit a copy for each with the plan of correction (POC).**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The Fieldprint background check for PCG, substitute caregiver (SCG) #1, SCG #2, responsible adult (RA) #1, RA #2 and household member #1 has been completed. attachment: Fieldprint background check for PCG, SCG #1, SCG #2, RA #1, RA #2 and household member #1.	2/28/23

	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** Primary care giver (PCG), substitute care giver (SCG) #1, SCG #2, responsible adult (RA) #1, RA #2 and household member #1 – No Fieldprint background check. **Submit a copy for each with the plan of correction (POC).**	**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 of all my staff including myself Fieldprint clearances due dates & need to be obtained every other year & review the checklist monthly to ensure Fieldprint clearances are obtained timely. Checklist has been posted on to Carehome folder. PCG SCG #1 SCG #2 RA #1 RA #2 HHM #1	2/22/23 2/22/23 11/28/22 2/28/23 1/26/23 2/28/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. **FINDINGS** Thermometer in the kitchen refrigerator registered 10° F. The thermometer is not working properly.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The non working thermometer in the kitchen refrigerator has been replaced with the new one that is working properly & confirmed to be 45°F or lower.	2/9/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. **FINDINGS** Thermometer in the kitchen refrigerator registered 10° F. The thermometer is not working properly.	**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 as a reminder for all caregivers, responsible adult & household members, checking & logging the kitchens refrigerator, make sure thermometer is visible, temperature is checked at 45°F or below at times. Education & teaching on this new task done montly by the PCG. Daily log's has been posted on to the front of the refrigeration to be signed/initialed by the assigned staff.	3/25/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. **FINDINGS** No thermometer in the small refrigerator used to store refrigerated medication.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Provided new appropriate thermometer in the small refrigerator used to store refrigerated medications.	2/9/23

RECEIVED
MAR 10 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. **FINDINGS** No thermometer in the small refrigerator used to store refrigerated medication.	**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 in service my staff on food sanitation compliance to include checking that there is a thermometer in the fridge and that is at 45° or lower. Care-givers daily log would be sign off once a day to ensure thermometer is present in refrigerator. NB check to be done daily NB 5/1/23	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures. **FINDINGS** Terro Ant Killer liquid (bottle) was found unsecured in the resident's bathroom. Removed during the inspection.	**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
☒	§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures. **FINDINGS** Terro Ant Killer liquid (bottle) was found unsecured in the resident's bathroom. Removed during the inspection.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Toxic chemicals & cleaning agents such as Terro ant killer & all other poisons are placed in secured ~~locked~~ cabinet outside by the laundry area. Remind all staff when using any toxic chemicals must be returned right away and locked securely. Education and teaching done to all caregivers & others monthly & ensure done checking everyday.	3/25/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. **FINDINGS** Resident #1 – "Hydrocortisone 1% cream" and "Radicava IV" ordered 9/26/22; however, were not made available. The PCG stated the medication were discontinued; however, no physician order to discontinue.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** DIC orders for both "Hydrocortisone 1% cream" and "Radicava IV" have been obtained from the Physician. Attachment: DIC orders for both Hydrocortisone 1% cream and Radicava IV.	2/6/23 2/13/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. **FINDINGS** Resident #1 – "Hydrocortisone 1% cream" and "Radicava IV" ordered 9/26/22; however, were not made available. The PCG stated the medication were discontinued; however, no physician order to discontinue.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** make a reminder note to obtain a discontinue order when the Physician stops the medication. & update my MAR accordingly. I will post this/MB reminder note on the resident binder cover.	5/1/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(1) 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: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #1 – The admission assessment by the PCG did not include the following that were noted in the progress notes: • Rash to the left arm for which hydrocortisone cream was ordered. • Indwelling Foley catheter. • Gastrostomy tube.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 1 included the following in resident's admission assessment / care plan. 1. Rash to the left arm for which hydrocortisone cream was ordered. 2. Indwelling catheter 3. Gastrostomy tube	2/10/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(1) 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: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #1 – The admission assessment by the PCG did not include the following that were noted in the progress notes: • Rash to the left arm for which hydrocortisone cream was ordered. • Indwelling Foley catheter. • Gastrostomy tube.	**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 an admission checklist to include a reminder note and by reviewing this checklist upon every admission, re-admission or transfer of a resident, that way, performance of a thorough assessment to include all areas of concern noted, including any treatments will be all documented in an admission assessment/care plan. Reminder note for PCG has been posted in new blank resident's folder for the incoming or newly admitted resident.	3/26/23

	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 #1 – No monthly weights. Arm circumference, taken by the Hospice nurse, is not recorded on the weight record.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Monthly weight for February was documented on resident's chart.	5/1/23

	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 #1 – No monthly weights. Arm circumference, taken by the Hospice nurse, is not recorded on the weight record.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will post a reminder note to obtain arm circumference measurement in the events the res. can't be weight on the scale. I will post a reminder note on the APCH binder.	5/1/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. **FINDINGS** Resident #1 – No physician order for oral suctioning.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** An order has been obtained from the Physician for oral suctioning. Attachment: Oral suction order.	2/14/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. **FINDINGS** Resident #1 – No physician order for oral suctioning.	**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 a reminder note to obtain a treatment order from the Physician if oral suctioning is included in the care plan before providing such treatment. I will post a reminder note on resident's binder	5/1/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #1 – Progress notes of 1/29/23 noted the resident decided to decrease his gastrostomy tube feeding from 4x/day to 2x/day; however, there was no documentation that the RN Case Manager and Hospice team were notified of the decision. Tube feedings twice a day were started 1/29/23. No physician order to decrease the tube feeding to twice daily.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** A physician order to decrease the gastrostomy tube feeding to 2x/day has been obtained. Attachment: Order to decrease gastrostomy tube feeding to 2x/day.	2/14/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #1 – Progress notes of 1/29/23 noted the resident decided to decrease his gastrostomy tube feeding from 4x/day to 2x/day; however, there was no documentation that the RN Case Manager and Hospice team were notified of the decision. Tube feedings twice a day were started 1/29/23. No physician order to decrease the tube feeding to twice daily.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG will make a reminder note to immediate notify Physician all resident requested changes to his plan of care. PCG will also discussed with the RN case manager & Hospice Team of the resident decision. I would have a checklist of every resident binder with a reminder note attached on the front of the binder page, and rendered Physicians orders right away by faxed & keep it on file on the resident folder. To be reviewed monthly Isosource 1.5 Cal 250ml BID per GT.	2/6/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(D) 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 given advance written notice, of not less than thirty days, of involuntary transfer or discharges, except in an emergency. **FINDINGS** Resident #1 – The General Operational Policy noted under "Rates for Service": "Rate shall be current rate for DHS resident;" however, the resident is private pay. The rate for service was not specified.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** For resident #1 The revised ~~copy~~ RD GOP under "Rates for Service" has been signed by the resident's POA and a copy has been obtained See attachment: STATE OF HAWAII DEPT OF HEALTH STATE LICENSING '23 APR -6 P3:41	4/3/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(D) 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 given advance written notice, of not less than thirty days, of involuntary transfer or discharges, except in an emergency. **FINDINGS** Resident #1 – The General Operational Policy noted under "Rates for Service" – "Rate shall be current rate for DHS resident;" however, the resident is private pay. The rate for service was not specified.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, PCG will be written the specific monthly rate for all residents in the GOP under "Rates for Service" and this will be discussed & signed by the resident's POA on the day of admission. I will include this to my admission checklist to be reviewed by me upon every admission of the resident.	4/5/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; **FINDINGS** The January 2023 fire drill did not include the time taken to safely evacuate residents from the building.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The time taken to safely evacuate residents from the building during a fire drill will be measured & noted on the fire drill sheet. Drill time started at 2:00 PM and ended at 2:03 PM. on January 5, 2023 fire drill.	2/9/23

'23 APR -6 P3:41

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; **FINDINGS** The January 2023 fire drill did not include the time taken to safely evacuate residents from the building.	**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 post a reminder note to include the duration of the monthly fire drills in the fire drill record. I will post a this reminder note in my ARCH binder.	5/1/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; **FINDINGS** Resident #1 – Three emergency oxygen tanks were stored in the bedroom closet with the door closed.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The three emergency oxygen tanks have been relocated out of the closet and placed in an area, in the resident's room, that allows for it's safe storage + handling.	2/10/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; **FINDINGS** Resident #1 – Three emergency oxygen tanks were stored in the bedroom closet with the door closed.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** my plan is to include in my monthly in-services; maintaining proper safety storage and handling of the oxygen tanks. upon resident's admission or physician order's oxygen with ~~tanks~~ 8B tank, right away, I would place a log-in sheet on the location of the tanks, as well as assigning a household members and responsible adults or caregivers for daily review.	4/1/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (j)(1) Waste disposal: Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers; **FINDINGS** Bedroom trash receptacles did not have covers.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** all bedroom trash receptacles have been replaced with ones that have tight fitting covers.	2/10/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (j)(1) Waste disposal: Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers; **FINDINGS** Bedroom trash receptacles did not have covers.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG will be assigned household member#1 to be responsible to check all bedrooms trash receptacles are properly covered everyday. This will be included in my monthly in-services that all trash cans are properly covered w/. tight fitted lid.	3/25/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(4) 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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions: **FINDINGS** Resident #1 does not participate in fire drills (per the PCG): however, there was no plan in place for an actual emergency requiring evacuation.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** An additional staff has been hired. Attachment: Two person carry - Extremity carry	2/10/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(4) 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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 does not participate in fire drills (per the PCG); however, there was no plan in place for an actual emergency requiring evacuation.	**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 held a meeting with my staff to go over the evacuation plan for all residents & how we will evacuate bed bound residents. This plan will be reviewed after each monthly firedrill.	5/1/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(4) 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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 – "Risk for pain due to impaired mobility" care plan did not include "Baclofen 4x/day" ordered for muscle spasm.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The resident's care plan has been updated by RN case manager. attachment: "Risk for pain due to impaired mobility" care plan	2/9/23

RECEIVED
MAR 10 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(4) 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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 – "Risk for pain due to impaired mobility" care plan did not include "Baclofen 4x/day" ordered for muscle spasm.	**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 would review all medications and treatments with the case manager monthly visits to ensure included in resident care plan and needs are met. Will right it down changes and concerned with the resident, noted in the progress notes, then discuss with the case manager during monthly visit. Ensure CM care plan and Physician order is up to date with CM. a reminder note regarding this has been posted in a resident's folder under Service plan.	4/12/2023

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING
'23 APR -6 P3:41

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(4) 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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 – "[Resident's name] is at risk for impaired swallowing/aspiration" care plan outcome noted "caregiver will demonstrate feeding methods appropriate to my situation with aspiration prevented." The resident has a gastrostomy tube and requires suctioning for secretions.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(4) 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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 – "[Resident's name] is at risk for impaired swallowing/aspiration" care plan outcome noted "caregiver will demonstrate feeding methods appropriate to my situation with aspiration prevented." The resident has a gastrostomy tube and requires suctioning for secretions.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will make a reminder note to review the residents care plan with case manager during her monthly visit. I will also review the residents care plan to check any inaccuracies & inconsistencies & discuss & corrected if by the CM to ensure resident care needs is reflected in the care plan. a reminder note has been posted in the residents folder under Service plan.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(4) 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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 – Care plan noted: "[Resident's name] is at risk for ineffective airway clearance. [Resident's name] will Patient will (sic) maintain clear, open airway as evidenced by normal rate & depth of respirations and ability to effectively cough up secretions & deep breaths in the next 6 months." However, due to the resident's medical condition, he requires frequent suctioning and is not able to cough up secretions.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The resident's care plan has been updated by RN case manager. See attachment.	2/9/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(4) 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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 – Care plan noted: "[Resident's name] is at risk for ineffective airway clearance. [Resident's name] will Patient will (sic) maintain clear, open airway as evidenced by normal rate & depth of respirations and ability to effectively cough up secretions & deep breaths in the next 6 months." However, due to the resident's medical condition, he requires frequent suctioning and is not able to cough up secretions.	**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 a reminder note to review the care plat along side with CM at the monthly visit & discuss on the problem list n interventions provided in the care plan & compare it to the residents condition to ensure the care plan meets the care needs of the res. I will post this reminder note on the resident's binder.	5/1/23

Licensee's/Administrator's Signature: Susan B. Bondoc

Print Name: SUSAN B. BONDOC

Date: 3/10/2023

Licensee's/Administrator's Signature: Susan B. Bondoc

Print Name: SUSAN B. BONDOC

Date: 4/6/2023

Licensee's/Administrator's Signature: Susan B. Bondoc

Print Name: SUSAN B. BONDOC

Date: 5/1/23