Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Valley View Pearl City, LLC	**CHAPTER 100.1**
Address: **944 Maiha Circle, Pearl City, Hawaii, 96782**	**Inspection Date: June 14, 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
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Resident #1: No documented evidence of valid annual physical exam.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** COPY OF PHYSICAL DATED 3/17/2023 IS NOW ON FILE; SECTION 2 OF RESIDENT BINDER.	6/21/23

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Resident #1: No documented evidence of valid annual physical exam.	**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 FOR ALL ADMISSION DOCUMENTS; THE CHECKLIST WILL BE IN THE RESIDENT'S BINDER; I WILL REFER TO IT DURING EVERY ADMISSION. UPON ADMISSION, RESIDENT WILL BE ASKED FOR "IN PERSON" PHYSICAL SIGNED BY PHYSICIAN.	6/19/23

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ARCH/EARCH ADMISSION CHECKLIST

RESIDENT NAME:_____ **ADMISSION DATE:** _____

Documents needed at time of admission to Adult Residential Care Home ARCH/ EARCH	obtained
PHYSICAL EXAMINATION (ensure physician completes DOH exam form in its entirety, can include history, physical, etc)	
TB CLEARANCE (2 step PPD skin test on admission, and /or evidence of a positive skin test and chest x-ray)	
Evidence of PNEUMOCCOCCAL VACCINATION	
Evidence of INFLUENZA VACCINATION	
PHYSICIAN/ APRN LEVEL OF CARE CERTIFICATION	
MEDICATION ORDERS/ TREATMENT ORDERS (ensure all medication orders have dosage and frequency)	
DIET ORDERS (ensure diet orders include any supplements)	
SELF-PRESERVING DOCUMENTATION	
TRANSFER SUMMARY (Hospital and Briggs transfer form or ARCH transfer form, if resident is coming from another ARCH)	
ASSESSMENT/CARE PLAN	
PRIMARY CARE GIVER and SUBSTITUTE CARE GIVER TRAINING	
POLICY AND RESIDENT RIGHTS, discussed and signed by guardian, resident, family, copy to family on request	
HEIGHT AND WEIGHT documented	
DPOA/ ADVANCED DIRECTIVE (as applicable)	
INVENTORY OF CLOTHING and VALUABLES	
EMERGENCY INFORMATION from family	
COMPLETE RESIDENT REGISTER	
FINANCIAL STATEMENT (who will handle the resident's allowance)	

	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 #1: No documented evidence of valid level of care order by physician or APRN.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** LEVEL OF CARE FORM OBTAINED, 6/19/23 LOCATED IN SECTION 2 OF RESIDENT BINDER. STATE OF HAWAII DOH OHCA STATE LICENSING '23 JUN 26 P12:06	6/21/23

	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 #1: No documented evidence of valid level of care order by 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?** I WILL CREATE A CHECKLIST FOR ALL ADMISSION DOCUMENTS. THE CHECKLIST WILL BE IN RESIDENT'S BINDER, I WILL REFER TO IT DURING EVERY ADMISSION. UPON ADMISSION RESIDENT/ FAMILY WILL BE ASKED FOR AN "IN PERSON" LEVEL OF CARE ASSESSMENT, SIGNED BY PHYSICIAN.	STATE OF HAWAII DOH-OHCA STATE LICENSING '23 JUN 26 P12:06 6/19/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #1: Medication unlocked at bedside.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** MEDICATION WAS PLACED IN LOCKED MEDICATION CUPBOARD IN LABELED MEDICATION BASKET, AWAY FROM RESIDENT'S BATHROOM OR BEDROOM.	6/14/23

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #1: Medication unlocked at bedside.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** FAMILY/STAFF NOTIFIED OF POLICIES TO KEEP ALL MEDICINES LOCKED SECURELY IN MEDICATION CABINET, AWAY FROM RESIDENT'S BEDROOM + BATHROOM. WILL RECIEVE SIGNED WRITTEN ORDERS FROM PHYSICIAN FOR PRN BEDSIDE SELF-ADMINISTERED MEDICATIONS. STAFF WILL SIGN DOCUMENT TO STATE THEY READ THE POLICY.	6/15/23.

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Licensee's/Administrator's Signature: H Halbert

Print Name: HEDI HALBERT

Date: 6/21/2023

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