

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha Nui Care Home LLC	CHAPTER 100.1
Address: 1662 Hookani Street, Pearl City , Hawaii, 96782	Inspection Date: August 1, 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.

STATE OF HAWAII
HEALTH CARE LICENSING
STATE LICENSING
23 DEC 14 PM 2:23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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;</p> <p><u>FINDINGS</u> House hold member #1: No documented evidence of Fieldprint background check.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>House hold member completed Fieldprint background check on November 20, 2023. and it has been filed in ARCH Folder.</i></p>	<p style="text-align: center;"><i>12/12/23</i></p>

STATE OF NEW YORK
DEPARTMENT OF
SOCIAL SERVICES
STATE LICENSORS

23 DEC 14 PM 2:23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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;</p> <p>FINDINGS House hold member #1: No documented evidence of Fieldprint background check.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will set scheduled every 2 years to alarm me to have my employes and house hold member to complete back ground check.</i></p>	<p>12/12/23</p> <p>23 DEC 14 PM 2:23</p> <p>STATE OF MICHIGAN DEPT. OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-23 <u>Physical environment.</u> (g)(3)(1)(i) 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: For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p>FINDINGS Resident #1 and Resident #2: Two (2) Residents certified and non self-preserving, only one caregiver present at beginning of relicensing inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <ul style="list-style-type: none"> - This pcr stays with sclg at all times, If this pcr needs step out, then this pcr will arrange schedule with house hold member or other sclg to be present at this ARCH. - Also this pcr hired 2 more sclg. - There is always one caregiver for each non-self preserving resident. 	<p style="text-align: right; font-size: 2em;">12/12/23</p> <p style="text-align: right;">23 DEC 14 PM 2:23</p> <p style="text-align: right; font-size: 0.8em;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) 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: For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><u>FINDINGS</u> Resident #1 and Resident #2: Two (2) Residents certified and non self-preserving, only one caregiver present at beginning of relicensing inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- This pcy will stay with scgt at all times. If this pcy needs some outside chores, I will arrange schedule with other scgt's or house hold member to be present at this ARCH.</p> <p>- This pcy just hired two scgt. This pcy will arrange schedule with them as back up</p> <p>- There is always one caregiver for each non-self preserving resident</p>	<p style="text-align: right;">12/12/23</p> <p style="text-align: right;">23 DEC 14 P12:23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><u>FINDINGS</u> Resident #2: Certified as expanded ARCH, no documented evidence resident is receiving case management services since admission.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>This PLCG contacted case management service, but this resident passed away before case management started to serve resident</i></p>	<p style="text-align: center;"><i>12/12/2023</i></p> <p style="text-align: center;">23 DEC 14 PM 2:23</p> <p style="text-align: center;">STATE OF CONNECTICUT STATE LICENSING</p>

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☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><u>FINDINGS</u> Resident #2: Certified as expanded ARCH, no documented evidence resident is receiving case management services since admission.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ul style="list-style-type: none"> - I will make sure if resident is E-ARCH level, I will contact case management upon admission - I will check state ARCH papers signed by MD, prior to admission. If resident is E-ARCH, then I will contact case management. - I will make check list for EARCH resident to make sure to have case management - Also I will add case management tab in resident's chart 	<p style="text-align: right;">12/12/23</p> <p style="text-align: right;">23 DEC 14 PM 2:23</p> <p style="text-align: right; font-size: small;">STATE LICENSING</p>

