

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jaja	CHAPTER 100.1
Address: 1459 Kaleilani Street, Pearl City, Hawaii 96782	Inspection Date: April 23, 2014 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Resident (SM) no general operational policy.</p>		
<input checked="" type="checkbox"/>	<p>§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</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Care giver Crisenta Manuel no documentation of [REDACTED] [REDACTED] Attestation completed on [REDACTED] Submit a copy of tuberculosis skin test with the plan of correction (POC).</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident (SM) possessions last updated [REDACTED].</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> In the following bedrooms medications were left unsecured: Bedroom #6</p> <ul style="list-style-type: none"> • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] <p>Bedroom #5</p> <ul style="list-style-type: none"> • [REDACTED] • [REDACTED] • [REDACTED] 		

	Rules (Criteria)	Plan of Correction	Completion Date
	<u>FINDINGS</u> Bedroom #4A. Electrical outlet missing a piece of the cover.		

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____