

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jack and Jill (DDDH)	CHAPTER 89
Address: 94-1088 Lumi Street, Waipahu, Hawaii 96797	Inspection Date: May 18, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.</p> <p>FINDINGS [REDACTED] were found unsecured in Bedroom #1 and were not properly labeled.</p>	<p><i>see attached</i></p>	<p>5-18-2016</p>
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or</p>	<p><i>See attached</i></p>	<p>16-18-2016 RECEIVED JUN 21 08:19 STATE OF HAWAII DHHS-CHCA LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>more often as appropriate but immediately when an incident occurs;</p> <p>FINDINGS Caregiver notes were not consistently written to describe treatments rendered and resident's response to treatments.</p> 	<p>See attached</p>	<p>5-18-2016</p>

Licensee's/Administrator's Signature: *Erin B. Tupin*

Print Name: Erin B. Tupin

Date: 6-21-2016

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Licensee's/Administrator's Signature: Emilia B. Tapinio

Print Name: EMILIA B. TAPINIO

Date: 8 Aug 2016

Licensee's/Administrator's Signature: Emilia B. Tapinio

Print Name: EMILIA B. TAPINIO

Date: 8/26/14

11-89-14(e)(1): In Bedroom #1, [REDACTED] were found because they were bought by the resident over the counter not telling us caregivers. I took out those unlabeled medications from [REDACTED] room and advised [REDACTED] to let us know when [REDACTED] needs to see [REDACTED] Physician so we can get properly labeled prescriptions. Those unlabeled medications are now stored in the staff controlled locked cabinet apart from the residents medications locked cabinet since they are still good and not yet expired.

FUTURE PLAN

USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?

8/26/2016

To prevent this from happening, to check residents room daily any unlabeled or unsecured medications. If found, physicians order will be obtained and medications will be appropriately labeled. Unsecured medication will be secured in a staff controlled cabinet.

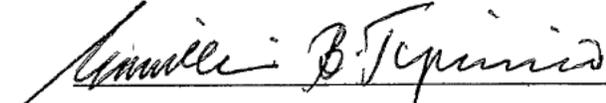


(Signature)

11-89-18(b)(2):

1. Resident #1, when the Physician instructed me to use [REDACTED] unscented soap during [REDACTED] baths, I started to use the [REDACTED] unscented since 27 Oct 2015 to present, although I was not able to document on the caregivers note. [REDACTED] skin looks much better since I've used the [REDACTED] soap. In the future, I should be documenting in the caregivers note all the instructions that Physicians tells me to do in regards to my residents health be it oral or non-oral medicines. If not listed on the medication chart, I must document this on the caregivers note as proof that I've used the [REDACTED] unscented soap for [REDACTED] baths.

2. Resident #1, after the [REDACTED] done on [REDACTED], I used [REDACTED] and noted on the medication chart but the [REDACTED] although I used this to clean [REDACTED] was not documented on the caregivers note. I should have listed this also on the medication chart just like the [REDACTED] and documented on the caregivers notes. In the future, after every visit to Physicians office, medications or supplies needed to be given for my residents must be documented in the caregivers note if not listed on the medications chart. This is to justify that Physician's instructions are being followed. Always note on caregivers notes.


(Signature)

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