Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: MJB	CHAPTER 100.1
Address: 4221 Likini Street, Honolulu, Hawaii 96818	Inspection Date: March 10, ~~2016~~ 2017 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.

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 physician order dated 3/13/16 reads, "Senexon –S tab 8.6/50 mg 1 tab 2X a day." Order not reevaluated every 4 months times 12 months.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Called Primary Physician on 3-14-2017. Medication renewed.	3.14.2017

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	**RULE #** §11-100.1-15 (g)	**PART 2** **<u>FUTURE PLAN</u>** **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 let my substitute caregiver to double check Physician order into the current list of medications on the MARS after the visit every four months with Primary Physician.	3.14.2017

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary. **FINDINGS** Resident #1 no emergency data sheet available for review.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** updated and fill out on 3.14.17 residents emergency data sheets placed into residents binder.	3.14.17

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-17 (e)	**PART 2** **<u>FUTURE PLAN</u>** **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 let my substitute caregiver to check and updated Emergency Data Sheet every four months after Primary Physician visit.	3.14.2017

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-84 <u>Admission requirements</u>. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs. **<u>FINDINGS</u>** Resident #1 no evidence of pneumococcal immunization offered, given or refused for resident.	**PART 1** **<u>DID YOU CORRECT THE DEFICIENCY?</u>** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Called Primary Physician on 4/3/2017 pneumococcal vaccine administered.	4/3/17

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	**RULE #** §11-100.1-84 (b)(4)	**PART 2** **<u>FUTURE PLAN</u>** **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 let my substitute caregiver calendar scheduler & vaccine log every four months to track the due date.	4-3-2017

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Licensee's/Administrator's Signature: MJ Barranco

Print Name: MICHELLE JOSE BARRANCO

Date: 4-7-2017

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