

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> J & A	CHAPTER 100.1
<b>Address:</b> 45-349 Kenela Street, Kaneohe, Hawaii 96744	<b>Inspection Date:</b> December 15, 2016 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.**

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STATE LICENSING SECTION

	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><b><u>FINDINGS</u></b>  Resident #1 no signed policy and procedures from time of admission in resident record.</p>	<p style="text-align: center;"><b>PART 1</b>  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Removed signed policy &amp; procedures from resident's #1 old chart &amp; filed it to her current chart.  Please see attached.</p>	<p style="text-align: center;">12/16/16</p> <p style="text-align: center;">17 JAN 13 PM 2:20</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-7 (c)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, SCG #3 will re-check if signed policy + procedures are placed in the <sup>right</sup> residents chart upon admission/re-admission. On going</p>	<p style="text-align: right;">17 JAN 13 PM 12:20</p> <p style="text-align: right;">DORCHES COUNTY LIBRARY</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1 no schedule of activity for resident posted or in resident record.</p>	<p style="text-align: center;"><b>PART 1</b>  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Schedule of activities was provided in resident's #1 record  Please see attached.</p>	<p style="text-align: right;">12/14/16</p> <p style="text-align: right;">*17 JAN 13 PM 2:20</p> <p style="text-align: right;">REVIEWED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-16 (h)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, SCG #3 will be in charged of posting the schedule of activities <sup>in</sup> for each of the resident's bedroom record.</p>	<p style="text-align: center;">on going</p> <p style="text-align: right;"> <small>RECEIVED</small>  <small>JAN 13 12:20</small>  <small>DEPARTMENT OF HEALTH SERVICES</small> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d)            An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b>FINDINGS</b>            Resident #1 no list of resident possessions in record, no updates since admission.</p>	<p><b>PART 1</b>  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>List of possessions for resident #1 was completed.</p>	<p>12/25/16</p> <p>17 JAN 13 PM 2:20</p> <p>RECEIVED</p> <p>COMMUNITY CARE LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-19 (d)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, SCG #3 will be assigned to check for all the resident's personal belongings inventory list every end of the year.</p>	<p style="text-align: right;">on going</p> <p style="text-align: right;">17 JAN 13 PM 2:20</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> Substitute care giver #1 has only five (5) hours of continuing education hours completed. Requirement is twelve (12) hours for each care giver, care giver is short seven (7) hours.</p>	<p style="text-align: center;"><b>PART 1</b> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Continuing education hours for substitute caregiver #1 completed. See attached copy</p>	<p>12/20/16</p> <p style="text-align: right;">JAN 13 12:20</p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<b>RULE # §11-100.1-83 (5)</b>	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future PCG must be aware that all SCG's must have the 12 hours of continuing education courses per year.</p>	<p style="text-align: right;">on going</p> <p style="text-align: right;">RECORDED *17 JAN 13 PM 2:20 OFFICE OF PROFESSIONAL REGULATION HARRISBURG, PA</p>

Licensee's/Administrator's Signature: Susan B. Bondoc

Print Name: SUSAN B. BONDOC

Date: 01/13/17

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