

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: JML</b>	<b>CHAPTER 100.1</b>
<b>Address: 92-560 Pilipono Street, Kapolei, Hawaii 96707</b>	<b>Inspection Date: September 13, 2017 Annual</b>

**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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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1, no documentation to reflect <u>the need for and response to</u> PRN medication. However, the medication administration record indicates PRN medication for pain made available on 5/2,3,4,5,6,7,8,9,10,11,12 and 16/2017.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right; vertical-align: bottom;">18 11 16 9864 8 11 81</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b><u>FINDINGS</u></b> Resident #1, no specific charge for the cost of services in the general operational policy signed upon admission as follows:</p> <ul style="list-style-type: none"> <li>• On page 7, "Rate of service starts from \$3,500 + tax per month and varies depending upon the care and services needed by resident" and</li> <li>• On page 8, "The Resident agrees to pay \$ ____ per month".</li> </ul>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><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 style="text-align: center;"><i>Reviewed the policy with the resident's responsible party; entered the rate of service amount and both parties (Care Home operator and resident's responsible party) initialed &amp; dated the entry.</i></p>	<p style="text-align: center; font-size: 2em;">12/4/17</p> <p style="text-align: right; font-size: 0.8em;">906W 9 111 81</p>

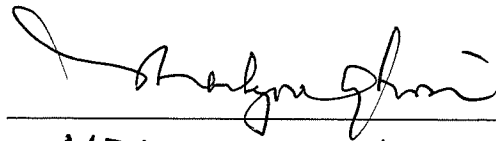
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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> Resident #1, training for blood pressure (BP) monitoring conducted on 4/19/17 by the Case Manager did not indicate a physician/APRN order for when to report high or low blood pressure readings. However, care plan reads, "Monitor BP daily. Goal is to maintain BP within a special range."</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><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 style="text-align: center;"><i>&gt; A parameter was obtained from the resident's primary care physician as to when to hold the medication.</i></p>	<p style="text-align: center;">12/5/17</p>

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Licensee's/Administrator's Signature: \_\_\_\_\_



Print Name: \_\_\_\_\_

MERLYNE G. LIM

Date: \_\_\_\_\_

02/05/2018

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