

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jaja ARCH	CHAPTER 100.1
Address: 1459 Kaleilani Street, Pearl City, Hawaii 96782	Inspection Date: April 20, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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 evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Primary care giver (PCG) and substitute care giver (SCG) #3, Tuberculosis Attestation Form is not correct. No date for the physician signature. Please submit correct documentation with the plan of correction (POC).</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><u>FUTURE PLAN:</u> WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> No cycle menu. Single menu dated Nov. 1, 2015.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> No menus posted in the resident dining area. “</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p>	

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<input checked="checked" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented</p> <p><u>FINDINGS</u> Meal substitution record blank. For 04/20/16, lunch menu reads, “chicken noodles, sweet potatoes, white beans and tofu, orange juice, whole wheat bread, skim milk canola oil, water and tea” However, meal substitution served was “chicken salad sandwich, vegetable and tofu salad, water” and the back of the menu, used to record substitutions was blank.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department’s review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1, tuberculosis screening for admission, incorrect:</p> <ol style="list-style-type: none">1. Tuberculosis (TB) attestation dated 7/15/15 incorrect. No evidence of a positive tuberculosis skin test (TST) or chest x-ray clearance.2. TST, 7/16/15 planted and 7/18/15 read as 0 mm. <p>Please submit documentation for two-step tuberculosis skin test with the POC.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p>	

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☒	<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><u>FINDINGS</u> Resident #1, stopped using dentures following dental extraction procedure on 03/14/16. No observations regarding resident response to eating without dentures or action taken to obtain special diet orders in the progress notes.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> Repeat citation (2015).Resident records stored in a file cabinet in the family living room, unsecured.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> No report to primary care physician of dentist diet suggestion, “blended food since she cannot use her old dentures now”.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1. Living Room, step to kitchen missing two (2) of three (3) large tiles from the back of the step. 2. Bedroom #5, window screen open eight (8) inches at the left side edge of the frame. 	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(2) Miscellaneous:</p> <p>Walkers, wheelchairs, canes, crutches and bedside rails shall be provided by the resident;</p> <p><u>FINDINGS</u> Wheel chairs owned by the licensee used to move residents during fire drills.</p>		

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____