

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Juanita's	CHAPTER 100.1
Address: 1902 Palamoi Street, Pearl City, Hawaii 96782	Inspection Date: June 14, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS Resident #1, pharmacy labeled bottles do not match physician orders for the following:</p> <ol style="list-style-type: none"> Order reads, "<u>Clexa</u> 10 mg 1 tab po daily", bottle reads, "<u>Citalopram</u> 10 mg 1 tab po daily". Order reads, "<u>Namenda</u> 10 mg 1 tab po 2x daily", bottle reads, "<u>Memantine</u> 10 mg po twice daily". 	<p><i>I will ask the pharmacist if the dispense generic of Clexa and Namenda the should put the brand name label on the bottle to match the doctors order & marks.</i></p> <p><i>In the future if I pick up the medicine from the pharmacy I have to make sure the label of the medicine is correct & match the doctors order.</i></p>	9/21/16
<input checked="" type="checkbox"/>	§11-100.1-23 <u>Physical environment.</u> (g)(3)(C)		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each Type I ARCH shall have a written plan for the safe care and evacuation of residents to areas of refuge in case of emergency. This plan shall be reviewed, and updated as necessary, whenever there is a significant change in the physical or mental condition of a resident or whenever a new resident enters the facility. All personnel shall be instructed in their respective duties in carrying out this plan. The written plan with directional diagrams shall be posted in a conspicuous location within the facility;</p> <p>FINDINGS The emergency plan is missing bedroom numbers. Please add numbers listed in the building clearance floor plan to identify bedrooms in the emergency plan.</p>	<p><i>I added the number for the bed rooms to emergency plan.</i></p> <p><i>In the future I have to make sure and check the written emergency plan if there's a written number in each bedroom.</i></p>	<p><i>10-17-18</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (h)(1)(B) 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>Housekeeping:</p> <p>After discharge of any resident, the bed, bed furnishings, bedside furniture and equipment shall be thoroughly cleansed prior to subsequent resident admission;</p> <p>FINDINGS Bedroom #2, two (2) walkers in the closet; however, current resident is ambulatory and does not use a walker.</p>	<p><i>I removed the walkers from bedroom No. 2.</i></p> <p><i>In the future, if the resident's family offer to leave any medical equipment I will refuse it.</i></p>	<p><i>10-17-18</i></p> <p><i>9/21/16</i></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>FINDINGS Primary care giver keeps an "extra walker" for resident use.</p>	<p>If the resident needs a walker badly, you can not get it right away. Before you get medical devices needs an authorization from the doctor + it will take 1-2 days. In the future, I'll keep extra walker for emergency purposes + safety.</p>	9/21/16
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Resident #1, medical report dated 08/06/15 reads, "Bone destruction/advanced periodontal disease around the root of left upper first bicuspid (tooth #12). Not completely in field-of-view". Case manager monthly noted dated 8/14/15 did not address this new finding related to dental disease.</p>	<p>Discussed this deficiency with the RNcm. We both agreed going forward to make it a priority to go over changes and MD notes/orders. In the future, I will flag new MD notes/orders with a post-it note to remind me and alert the RNcm that there's a new MD note/orders.</p>	9/20/16

Licensee's/Administrator's Signature: Juanita Fajardo
 Print Name: Juanita Fajardo
 Date: 10-17-18

Licensee's/Administrator's Signature: Juanita Fajardo
 Print Name: Juanita Fajardo
 Date: 9/21/16

Licensee's/Administrator's Signature: Juanita Fajardo
 Print Name: Juanita Fajardo
 Date: 6/25/18