

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 18, 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.

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	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>FINDINGS Substitute care giver (SCG) #2, new hire late 2016. No initial two step tuberculosis clearance prior to contact with residents.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>The PPD for step 1 & 2 were done on 07/31/2017 for SCG #2.</i></p>	<i>07/31/2017</i>

	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> Substitute care giver (SCG) #2, new hire late 2016. No initial two step tuberculosis clearance prior to contact with residents.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Hire a checklist to the new hire substitute caregiver. The checklist includes health requirements and certificates. PCG will get the new hire to start to work after returning the required forms and put it on file.</i></p>	<p style="text-align: center;"><i>12-7-18</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS Resident #1, order reads, "use lancet to test blood glucose"; however, no parameters; i.e., hypoglycemic/ hyperglycemic episodes and interventions for these episodes.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>the resident's (#1) physician ordered a parameter for his blood glucose reading of 480 or with any signs and symptoms of weakness; dizziness or shaking, take glucose tablet ASAP.</i></p>	<p><i>06/20/2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1, order reads, "use lancet to test blood glucose"; however, no parameters; i.e., hypoglycemic/ hyperglycemic episodes and interventions for these episodes.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Primary care giver will ask PCP to include parameters when ordering (in the app) blood glucose test. Write parameters in the MAR and review with caregiver. Check the parameter daily and report to PCP when reading is outside parameters.</i></p>	<p style="text-align: center;"><i>12-7-18</i></p>

Licensee's/Administrator's Signature: Agnes Tabangcura

Print Name: AGNES TABANGCURA

Date: 02/22/2018

Licensee's/Administrator's Signature: Agnes Tabangcura

Print Name: AGNES TABANGCURA

Date: September 01, 2018

Licensee's/Administrator's Signature: Agnes Tabangcura

Print Name: AGNES TABANGCURA

Date: 12-7-18

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