STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E & J Adult Residential Care Home	CHAPTER 100.1
Address: 74-797 Uluaoa Street, Kailua-Kona, 96740	Inspection Date: February 22, 2019

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Substitute care giver (SCG) #1 who provided care from April 1, 2018 – April 22, 2018, no physical exam.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Substitute care giver (SCG) #1 who provided care from April 1, 2018 – April 22, 2018, no physical exam.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** This is my plan in the future: a) I will keep all required documents of my personnel, (staff) including family members in my care home binder. b) If there is changes in personnel, (staff) or if family member moves out, I will record the date they leave the care home, or quite the job, save their records in the care home binder until the next care home inspection. c) I'll make sure that all required documents of personnel (staff) or family member are current at least up to the last day they provided care, or last day they stayed at the care home. d) I'll make copies of my deficiencies and my plan of correction, and review them every now and then, so that I won't forget and fall on the same deficiencies again.	3/07/19

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #1 who provided care April 1, 2018 – April 22, 2018, no tuberculosis (TB) clearance.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #1 who provided care April 1, 2018 – April 22, 2018, no tuberculosis (TB) clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** This is my plan in the future: a) I'll keep all required documents of my personnel (staff) including family members in my care home binder. b) If there is changes in personnel (staff) or if family member moves out, I will record the date they leave the care home or quit the job, save their records in the care home binder until the next care home inspection. c) I'll make sure that all required documents of personnel (staff) or family member are current at least up to the last day they provided care, or the last day they stayed at the care home. d) I'll make copies of my deficiencies and my plan of correction, and review them every now and then, so that I won't forget and fall on the same deficiencies again.	3/07/19

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** On 1/28/19 Physician's order reads "Unstageable pressure injury R heel: cleanse w/NS apple skin prep to peri wound, cover with mesalt and foam border dressing every 3 days and PRN if soiled, saturated, dislodged." Resident #1's response to treatment of pressure ulcer dressing changes every three days not documented in PCG progress notes for month of January 2019.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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Licensee's/Administrator's Signature: Jessie F. Reyes

Print Name: Jessie F. Reyes

Date: 03/07/2019

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