

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jerez Care Home	CHAPTER 100.1
Address: 24 Puukani Street, Kahului, Hawaii 96732	Inspection Date: February 19, 2019 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.

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

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING DIVISION

19 APR 26 AM 8:27

RECEIVED

	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 current menu posted. For example, Week #1 menu posted; however, meals served are from Week #3 menu.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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>When I learned that I posted menu was not the current one.</i></p> <p><i>① I got the menu posted and changed it with the current one which is menu # 3.</i></p> <p><i>② I posted it back in the place where it can be easily seen in the kitchen and in the residents dining area.</i></p>	<p><i>Yes</i></p> <p><i>2-19-19</i></p>

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<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 current menu posted. For example, Week #1 menu posted; however, meals served are from Week #3 menu.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 style="text-align: center;"><i>In the future, in order that this will not happen again, I will write on my calendar what menu # that will be used weekly. This will remind me and my substitute caregivers the menu # to be used & posted when preparing the food to be served daily.</i></p>	<p style="text-align: right;"><i>2-28-19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1, no special diet menu available. However, diet order (1/9/18 and 1/25/19) reads, "Regular Low Chol". Please notify provider of two (2) standard low cholesterol diets. "Heart Healthy Diet" and the TLC (Therapeutic Lifestyle Change). When you obtain a new order, call the DOH registered dietician for guidance to develop the menu.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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>When I went to the doctor's office and talked to the NPP who is the res. provider:</i></p> <p>① <i>she did the correction and signed it on Feb. 22, 2019</i></p> <p>② <i>the diet she ordered for resident # 1 was regular diet therefore I did not call the DOH registered dietician to develop the menu.</i></p>	<p style="text-align: center;"><i>Yes</i></p> <p style="text-align: center;"><i>2-22-19</i></p> <p style="text-align: center;"><i>19 APR 26 AM 07</i></p>

STATE BOARD OF ARCHS

PROFESSOR

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> . (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. <u>FINDINGS</u> Resident #1, no special diet menu available. However, diet order (1/9/18 and 1/25/19) reads, "Regular Low Chol". Please notify provider of two (2) standard low cholesterol diets. "Heart Healthy Diet" and the TLC (Therapeutic Lifestyle Change). When you obtain a new order, call the DOH registered dietician for guidance to develop the menu.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>In the future in order that this will not happen again if a special diet will be ordered to my residents:</i></p> <ol style="list-style-type: none"> ① I'll call first the DOH reg. dietician if I'm not sure of the diet ordered by the provider. ② I will ask the DOH reg. dietician for clarification of the diet ordered for the res. ③ I will ask her to guide/help me in developing the menu ordered for the resident. ④ I will create a special diet menu and after creating me, my substitute caregivers and I shall review so that if there are some things needed to be corrected it will be straightened out before using the menu. 	<p style="text-align: right;">APR 26 AM 11:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Refrigerator, unsecured pharmacy labeled unsecured.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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>Medication inside the ref. was:</i></p> <ul style="list-style-type: none"> ① taken out and was put inside a ziploc bag. ② mixed with coffee grounds. ③ double bagged to avoid leaking. ④ thrown away with the trash the day after the inspection. 	<p style="text-align: right;"><i>2-28-19</i></p>

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Licensee's/Administrator's Signature: Leonora Jerez

Print Name: LEONORA JEREZ

Date: 27 February, 2019

Licensee's/Administrator's Signature: Leonora Jerez

Print Name: LEONORA JEREZ

Date: 23 April, 2019