

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J.B.M. ARCH	CHAPTER 100.1
Address: 94-1282 Hiapaiole Place, Waipahu, Hawaii 96797	Inspection Date: May 3, 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
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING SECTION

JUL 25 10:22:49 AM

PRR/11/190

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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 - Progress notes did not include the following:</p> <ul style="list-style-type: none"> • Rash to groin x 3 weeks as noted by the physician on 6/4/18. • Taken to the emergency room on 8/29/18 as noted on the incident report. • Report to the psychiatrist regarding the resident hearing voices on 9/4/18. • Need for and response to "ofloxacin ear drops" ordered 11/30/18 for 2 weeks. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">*19 JUL 25 P 2:49</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u></p> <p>One (1) foot activated locking device at the bottom of the front door.</p> <p>Two (2) locking devices on the back exit door:</p> <ul style="list-style-type: none"> • One (1) foot activated device at the bottom of the back door • One (1) circular, slide type locking device near the top of the back door. 	<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>→ Foot activated device at the bottom of the back door was taken out at the time of inspection</p> <p>→ Circular type device was taken out at the time of inspection</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION STAFF</p>	<p>May 3, 2019</p> <p>May 3, 2019</p> <p style="text-align: right; font-size: small;">19 JUN 25 P 2:49</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: _____

J B Mendoza

Print Name: _____

Janette B. Mendoza

Date: _____

July 18, 2019

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

19 JUL 25 P2:50

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