Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fuji Japan Care Home LLC	CHAPTER 100.1
Address: 134 Hoopiha Place, Wahiawa, Hawaii 96786	Inspection Date: November 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. **FINDINGS** Refrigerated medication container was unlocked.	PART 1 **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I Locked Refrigerted medication container. I trained SCG to Lock the medication Box. after each used. I put a sign on the Box "Don't forget to Lock".	11/19/19

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. **FINDINGS** Two (2) large bottles of "Laxaclear" were unsecured in a resident bedroom closet. One (1) large bottle of "Laxaclear was unsecured on top of a kitchen shelf.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Both of "Laxaclear" have been moved to medication lockers that can not be opened without a key.	11/19/19

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☒	§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. **FINDINGS** Two (2) large bottles of "Laxaclear" were unsecured in a resident bedroom closet. One (1) large bottle of "Laxaclear was unsecured on top of a kitchen shelf.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I retrained SCG to put back to medication Locker every time. I will check kitchen and resident closets for unsecured medication daily. I taked the Family ask them to give SCG all medications when they bring.	11/27/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Resident #2 - Two (2) bottles of "triamcinolone acetonide 0.1% lotion" were found at the resident's bedside with use by dates 6/30/19 and 9/2019.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I told Resident #2 that two bottles of "Triamcinolone acetonide 0.1% Lotion" have expired and must be thrown away I've disposed of two of them.	11/19/19

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation. **FINDINGS** Resident #2 - No physician order to self-administer eye medication, oral medication. No written procedures for storage, monitoring and documentation.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #2 and I went to his physician to discuss if Resident #2 is able to do Selfadminister eye medication. Oral medication. His pcp deemed he was able to do. I got his physician order. I made a procedure for selfadministration of medication.	11/27/19

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; **FINDINGS** Substitute care giver (SCG) #1 - No documentation of training by the RN case manager (CM) in providing daily personal and specialized care. All SCGs - No documentation of training by the RN CM to instill eye drops.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The case manger (RN) came and she trained us to instill eyedrop. SCG #1 got training by C.M (RN) inproviding daily personal and specialized care. she signed. The documentation of training now in Logs.	11/30/19

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(2) 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: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; **FINDINGS** Resident #1 - The service plan noted "my caregiver will make sure I use my FWW when I walk or push around on my W/C." However, the resident is wheelchair dependent and unable to "push around" on the wheelchair. Resident #1 - The service plan did not address the modified texture diet (pureed) and modified fluid consistency (pudding).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The case manager came and corrected the service plan. she added her diet pureed, pudding consistency fluids.	11/30/19

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Licensee's/Administrator's Signature: _____

Print Name: Chieko Riccio

Date: 12/2/19

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