

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J & J	CHAPTER 100.1
Address: 94-276 Pupukoe Street, Waipahu, Hawaii	Inspection Date: May 20, 2020 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
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> First aid kit, no suitable thermometer readily available.</p> <ol style="list-style-type: none"> 1. Digital (oral) thermometer, no plastic sleeves 2. Infrared (forehead) thermometer, no battery 	<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>① <i>Bought plastic sleeves for the digital oral thermometer</i></p> <p>② <i>change the old battery to a new battery of the infrared forehead thermometer</i></p>	<p style="text-align: center;"><i>5-22-20</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> First aid kit, no suitable thermometer readily available.</p> <ol style="list-style-type: none"> 1. Digital (oral) thermometer, no plastic sleeves 2. Infrared (forehead) thermometer, no battery 	<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>① <i>In the future I have to check if I have enough plastic sleeves to use when ever I need it.</i></p> <p>② <i>In the future I have to check from time to time or monthly if battery is working.</i></p>	<p style="text-align: right;"><i>5-22-20</i></p> <p style="text-align: right;"><i>5-22-20</i></p>

	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> Menus, no evidence of menus posted in a conspicuous place for staff, residents and the department to review as follows:</p> <ol style="list-style-type: none"> 1. Resident dining area 2. Kitchen 	<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>Menus were posted in the kitchen + dining area just after my inspection</i></p>	<p><i>5-20-20</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> Menus, no evidence of menus posted in a conspicuous place for staff, residents and the department to review as follows:</p> <ol style="list-style-type: none"> 1. Resident dining area 2. Kitchen 	<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 I have to always hang in the refrigerator in the kitchen + dining area for the residents to see + department to review</i></p> <p><i>However sometimes a resident removes the menus when I have residents with behavior issues</i></p> <p><i>I will</i></p> <ol style="list-style-type: none"> <i>1. Call the case manager to get advise</i> <i>② Talk with resident to review advise</i> <i>③ Check menu placement every day</i> 	<p style="text-align: right;"><i>5-22-20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1, changes made to a pharmacy labeled container. For example,</p> <ul style="list-style-type: none"> • Signed order reads, "Colace 240 mg 1 cap po QD" • Pharmacy labeled bottle not fully visible and reads, "Docusate Sodium Soft Gel 100mg" • Green tag taped over the pharmacy label reads, "take 1 soft gel daily as needed for constipation" 	<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>I called the primary care provider to clarify the right prescription + dosage of the medication for constipation. I bought a new bottle over the counter + re-labeled it + followed what the PCP ordered me to do.</i></p>	<p style="text-align: center;"><i>5-22-20</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, PRN medication made available without a signed order. For example,</p> <ul style="list-style-type: none"> • “Docusate Sodium 100 mg soft gel i QD PRN”; listed on medication administration record (MAR) • MAR reads, made available on 5/4/, 5/9, and 5/14 • No evidence of a signed order for “Docusate Sodium 100 mg soft gel i QD PRN” available 	<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>I call primary care provider to clarify the correct medication order + dosage. I should not be writing in the MAR without the medication order. after the clarification I followed what he entered "Docusate Sodium 100 mg soft gel Take 2 tabs daily after meals."</i></p>	<p style="text-align: right;"><i>5-22-10</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, PRN medication made available without a signed order. For example,</p> <ul style="list-style-type: none"> • “Docusate Sodium 100 mg soft gel i QD PRN”; listed on medication administration record (MAR) • MAR reads, made available on 5/4/, 5/9, and 5/14 • No evidence of a signed order for “Docusate Sodium 100 mg soft gel i QD PRN” available 	<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 I should call primary care provider to clarify the right medication & dosage I should not be dispensing & recording it in the MAR till I have the correct medication order.</i></p>	<p style="text-align: right;"><i>5-22-20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Resident #1, no evidence of a procedure to separate expired medication. For example, "Alprazolam 0.25mg I BID prn for agitation" expired on 4/29/20; however, stored with current medications.</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>I called the primary care provider & told him about the expired medication & what he did was to refill & told me to discard the old one by dissolving it with water & flush it in the toilet.</i></p>	<p style="text-align: right;"><i>5-22-20</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Resident #1, no evidence of a procedure to separate expired medication. For example, "Alprazolam 0.25mg 1 BID prn for agitation" expired on 4/29/20; however, stored with current medications.</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><i>In the future I have to call primary care provider to asked him for a refill for a medication is expired. Then I will discard the old medication by dissolving it with water & flush it.</i></p> <ol style="list-style-type: none"> 1. I will check the expired date before give medication 2. Create a basket for discarded or expired medication 3. As soon as I identify expired I will take it out of the resident basket & put it in this basket for discard 4. I will no longer flush medication into toilet but will pharmacy disposable service 	<p style="text-align: right;">5-27-20</p>

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<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>FINDINGS Resident #1, no progress notes to record observations available. For example, resident certified as self-preserving. Care giver reports resident needs assistance; however, no evidence of observations recorded in the progress notes.</p>	<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><i>In the future I have to document any unusual happenings that I see as soon as possible. I have to include the date, time and action taken.</i></p>	<p style="text-align: right;"><i>5-22-20</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS Discharged Residents #2 & #3, listed as expired in the permanent register. However, no incident report available.</p>	<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><i>In the future I have to document any adverse incident that happen in the premises or any place for authorized personnel & department can see.</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS Discharged Residents #2 & #3, listed as expired in the permanent register. However, no incident report available.</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><i>In the future I have to make an incident report for any adverse incident in the home or some place else for department + authorized personnel to see. I will add the incident report in my carehome binder.</i></p>	<p style="text-align: right;"><i>5-22-70</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Kitchen, no evidence of single use disposable hand towels.</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>I put a new disposable towel the same day after the inspection.</i></p>	<p style="text-align: right;"><i>5-20-20</i></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> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p>FINDINGS Rubbish can with a tight fitting lid available, but not used. For example, large plastic bag hanging from a kitchen door used for rubbish.</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>I put back the cleaned rubbish container + lined it with a plastic rubbish bag</i></p>	<p style="text-align: right;"><i>5-20-76</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Substitute care giver #1, no evidence of completion of twelve hours of continuing education courses yearly.</p> <p>Please submit evidence with plan of correction (POC).</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>I provided the Department of health copies of continuing in service for 15 hrs (July 11, 2019 to October 17, 2019)</i></p>	<p style="text-align: right;"><i>8-10-20</i></p>

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Licensee's/Administrator's Signature: Flora B. Cadiz

Print Name: FLORA B. CADIZ

Date: 8-10-20