

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 96797	Inspection Date: May 20, 2021 Annual

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
DOH-OHCA
STATE LICENSING

21 JUN 17 A7:28

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p>FINDINGS Resident #1, inventory of possessions established upon admission, April 28, 2020. No evidence for 2021 update.</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>21 JUN 17 A7:28</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>After my inspection I did the annual 5-28-21 inventory of all the possessions of the residents.</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p>FINDINGS Resident #1, inventory of possessions established upon admission, April 28, 2020. No evidence for 2021 update.</p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p style="text-align: center;">21 JUN 17 A7:28</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 do Annual inventory of all possessions of all the residents</i></p> <ol style="list-style-type: none"> <i>1. Schedule inventory update on my cell phone</i> <i>2. Tell the residents that I would like them to help me the inventory on the last day of December.</i> <i>3. Put the inventory in the record</i> 	<p style="text-align: right;"><i>5-26-21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS Resident #1, diet order (April 8, 2021) reads, "Regular." Primary Care Giver (PCG) chopped food for lunch (i.e. chicken). Primary Care Giver (PCG) licensed to provide special diets; however, <u>no evidence of a request for a special diet order</u> to modify textures for a resident with few teeth.</p> <p>Please phone the provider. Report resident's condition. Ask for a verbal special diet order to modify the texture. Submit a copy of the verbal order with the plan of correction (POC).</p> <p style="text-align: center;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p> <p style="text-align: center;">21 JUN 17 07:28</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 office the following day after my inspection to see Dr Yoichi Soma. Appointment was made. So I brought Jacqueline 6-3-21 so he can do another assessment & he change the diet order to chopped.</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>FINDINGS Resident #1, medication order (01/12/21) reads "CVS Stool Softener"; however, no dosage or frequency in the order.</p> <p>Please ask the provider for clarification and include in POC.</p> <p style="text-align: center;">STATE OF HAWAII DOH - OCHA STATE LICENSING</p> <p style="text-align: center;">21 JUN 17 A7:29</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 made an appointment to clarify dosage + frequency of medication.</i></p> <p><i>Doctor review the order the frequency + amount of Stool softener</i></p>	<p style="text-align: center;">6-3-21</p>

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<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, order (4/8/21) for over-the-counter medication reads, "ASA 81 mg i tablet p.o. daily"; however, expiration date reads, 2/20 yet stored and used as current medication.</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right;">21 JUN 17 A7 29</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>After my inspection I have to look for the receipt when I brought the medication over the counter + I found it so that day I went to return the medication + was able to get a new one.</i></p>	<p style="text-align: right;"><i>5-20-21</i></p>	<p style="text-align: right;"><i>5-20-21</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p>FINDINGS Resident #1, incomplete documentation on a provider order form. I.e. no resident name, no date for a visit; however, medication orders were signed.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right;">21 JUN 17 17:29</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS Resident #1, no evidence of a signed financial agreement upon admission.</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right;">21 JUN 17 07:29</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;">PART 1</p> <p style="text-align: center;"><i>I called the family to come for a visit so he can sign the financial statement</i></p>	<p style="text-align: center;">5-23-21</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p>FINDINGS Resident #1, admitted level of care reads, ARCH (Adult Residential Care Home) and certified as self-preserving. However, no evidence in the resident record for PCG recognizing, recording or reporting conflicting information in the transfer summary as well as changes in the resident's condition. I.e. mobility, increasing assistance at meals, etc.</p> <p style="text-align: right;">STATE OF HAWAII DOM-DMCA STATE LICENSING</p> <p style="text-align: right;">21 JUN 17 07:29</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Observed more than two (2) non-self preserving residents during the annual relicensing inspection as follows:</p> <ol style="list-style-type: none"> 1. Resident #1, one person needed to provide assistance for ambulation with a walker. 2. Resident #2, observed using a wheelchair. 3. Resident #3, observed using a wheelchair. <p>Please include copies of the self-preservation certificate for each one of your residents <u>with your POC.</u></p> <p style="text-align: center;">STATE OF HAWAII DOM-ORCA STATE LICENSING</p> <p style="text-align: center;">21 JUN 17 A7:29</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 did make a self preservation Corrected for Resident #1 Resident #2 was discharging 5-31-21 Resident #3 expired 6-12-21 (Hospice resident)</i></p>	<p style="text-align: right;"><i>6-3-21</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p>FINDINGS Resident #1, assessed by provider at the Intermediate Care Facility (ICF) level of care on 4/8/21. However, no evidence of a care plan was available on 4/20/21.</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right;">21 JUN 17 A7:29</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 let the primary physician to re-assess + make another level of care</i></p> <p><i>Contact care management agency if care plan not available document this call in the resident record</i></p>	<p style="text-align: right;"><i>6-3-21</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1, assessed by provider at the Intermediate Care Facility (ICF) level of care on 4/8/21. However, no evidence of a care plan was available on 4/20/21.</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: center;">21 JUN 17 07:29</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 I have to have a level of care that resident is really assessed as ICF</i></p>	<p style="text-align: center;"><i>6-3-21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p>FINDINGS Resident #1, assessed ICF level of care on 4/8/21. However, no documented evidence of the PCG and the Case Manager (CM) arranging a pneumococcal vaccine appointment.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right;">21 JUN 17 A7:29</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 did call primary physician if she can go for pneumococcal vaccine & he let us go to Long Drug We went to Pharmacy found out she did have the vaccine 2015. Pharmacy gave me a copy that she was vaccinated.</i></p>	<p style="text-align: right;"><i>5-31-21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p>FINDINGS Resident #1, assessed ICF level of care on 4/8/21. However, no documented evidence of the PCG and the Case Manager (CM) arranging a pneumococcal vaccine appointment.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: right;">21 JUN 17 07:29</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 I have to tell case manager that the resident have a pneumococcal vaccine.</i></p>	<p style="text-align: right;"><i>5-31-21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c) 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:</p> <p>FINDINGS Resident #1, no documented evidence for the family choice or selection of the resident's CM available in any records.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right;">21 JUN 17 A7:29</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c) 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:</p> <p>FINDINGS Resident #1, no documented evidence for the family choice or selection of the resident's CM available in any records.</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: center;">21 JUN 17 A7:29</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>① Provide the lists of all Case management Agencies for selection of Case managers</p> <p>② Talk to family if the have any question about selecting a case manager</p>	<p style="text-align: right;">6-16-21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) 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:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p>FINDINGS Resident #1, no documented evidence of the comprehensive assessment by a CM.</p> <p style="text-align: right;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p> <p style="text-align: right;">21 JUN 17 A7:29</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>I phoned Case Management to tell them that I need a copy for the resident's assessment Received copy of the assessment 6-16-21</i></p>	<p style="text-align: right;"><i>6-16-21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) 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:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p>FINDINGS Resident #1, no documented evidence of the comprehensive assessment by a CM.</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: center;">21 JUN 17 A7:29</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>I called the Case Manager to make a document of comprehensive assessment for the resident</i></p>	<p style="text-align: center;"><i>6-3-21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) 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:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1, no documentation of training identified as specific to the expanded ARCH level of care resident by CM for PCG and substitute care givers #1, #2, #3 and #4.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>21 JUN 17 07:29</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>I receive documentation contacted on 6-3-21 this morning</i></p>	<p style="text-align: center;"><i>6-16-21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) 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:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p>FINDINGS Resident #1, no documentation of training identified as specific to the expanded ARCH level of care resident by CM for PCG and substitute care givers #1, #2, #3 and #4.</p> <p>STATE OF HAWAII DOH-DNCA STATE LICENSING</p> <p>21 JUN 17 A7:29</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ol style="list-style-type: none"> 1. Schedule training with Case manager 2. Notify staff to confirm the date for training 3. Ask Case manager a copy of the check list 	<p>6-16-21</p>

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

Print Name: FLORA B. CADIZ

Date: 6-16-21

STATE OF HAWAII
DOM-0HCA
STATE LICENSING
21 JUN 17 A7:29