Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J. C.	**CHAPTER 100.1**
Address: **203 Awa Street, Kihei, Hawaii 96753**	**Inspection Date: June 15, 2021 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
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** PCG, SCG#1, SCG#2, HHM#1, HHM#2, HHM#3, and HHM#4 – No annual tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG & HHM#1 - Waiting on a call back from PCP's office for an appt to order chest x-rays. SCG #2, HHM #4 } have appt for TB skin test on June 29th. SCG #1, HHM #2, HHM #3 } Had TB skin test done Copy of results enclosed.	6-24-21

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☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** PCG, SCG#1, SCG#2, HHM#1, HHM#2, HHM#3, and HHM#4 – No annual tuberculosis clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Will staple a MD $$ screening form together w/ yearly PE form for PCG and HHM # 1. Will make early appt for the rest of HH Members and SGG#1-#2. Will remind them about making appt early by marking it on the calendar and by text	6-24-21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Resident #1 – No special diet menu for "Cardiac, diabetic diet."	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Spoke to Annette Jackson and working on updated menu	6-23-21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Resident #1 – No special diet menu for "Cardiac, diabetic diet."	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Will call Dept of Health Nutritionist once a PCP order a special diet on a resident.	6-23-21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 = 1/26/2021 physician's office visit notes stated, "D/C Clonidine, Start metoprolol 50mg, po, qd, Decrease HCTZ to to 25mg, po, qd." There was not physician's signature.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I went to the physician's office and obtained a signature.	CG 18 6-~~28~~-21

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☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 = 1/26/2021 physician's office visit notes stated, "D/C Clonidine, Start metoprolol 50mg, po, qd, Decrease HCTZ to to 25mg, po, qd." There was not physician's signature.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Will check notes if physician sign it after visit. Will review records end of the month.	6-18-21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** Fire drills were conducted between 8:45am and 10:31am only for the past 12 months.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** Fire drills were conducted between 8:45am and 10:31am only for the past 12 months.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Will Conduct future drills on different time that will include afternoon and evening	6-18-21

Licensee's/Administrator's Signature: Catalina Garcia

Print Name: CATALINA GARCIA

Date: 6-24-21