

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jack and Jill	CHAPTER 89
Address: 94-1088 Lumi Street, Waipahu, Hawaii 96797	Inspection Date: May 21, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
DOH-ONCA  
STATE LICENSING

21 JUN -4 P12:16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or in-service programs approved by the division as a part of the requirement for the annual recertification.</p> <p><b>FINDINGS</b> Certified Care Giver (CCG) #2 – has five hours of education credits.</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: center;">21 JUN -4 P12:16</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Certified Caregiver # 2 has enrolled in online In-service Training via Zoom meeting to come up with required hours.</i></p>	<p style="text-align: center;"><i>28 May 2021</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician's order dated 9/29/20 states, "Guanfacine 3mg 1 tab by mouth at bedtime", however, medication administration record (MAR) reads "Guanfacine 1mg one tale every morning and two tablets every 3pm". MAR is initialed as given from 12/10/20 to 1/11/21.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right;">21 JUN -4 P12:17</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Medication (Guanfacine) strength (how much to give) and frequency (how many times a day for Resident #1 was clarified and documented on MAR for accurate administration beginning 1/11/2021 when a new Psychiatrist started to see Resident #1.</i></p>	<p style="text-align: right;"><i>28 May 2021</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b>FINDINGS</b>            Resident #1 – Progress notes do not include observation of resident's response to medication changes or ISP goals.</p> <p>STATE OF HAWAII            DOH-0HCA            STATE LICENSING</p> <p>21 JUN -4 P12:17</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Upon citation on May 21, 2021, Progress notes pertaining to Resident's response to medication were entered and documented thereafter.</i></p>	<p><i>22 May 2021</i></p>

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Licensee's/Administrator's Signature: Emilia B. Tupinio

Print Name: EMILIA B. TUPINIO

Date: 3 June 2021

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21 JUN -4 PM 12:17