

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E & J Adult Residential Care Home	CHAPTER 100.1
Address: 74-797 Uluaoa Street, Kailua-Kona, Hawaii 96740	Inspection Date: February 16, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> Primary care giver (PCG) with a current tuberculosis (TB) clearance – no documentation of past positive TB skin test.</p> <p><u>Please submit documentation with your plan of correction (POC).</u></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>Jas874 found it in the cashbook folder its dated received 9-25-1995,</i></p>	<p style="text-align: center;"><i>3/4/21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> Primary care giver (PCG) with a current tuberculosis (TB) clearance – no documentation of past positive TB skin test.</p> <p><u>Please submit documentation with your plan of correction (POC).</u></p>	<p style="text-align: center;">PLAN OF CORRECTION</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 will put sticky notes on the pinder cars home to remind me all those got ^{True Positive} positive should be have a card in the rule at all time ... put the posted note on the document to remind me not to discard the prove of positive ...</p>	<p style="text-align: right;">8/5/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Cleaning supplies stored in unsecured drawer under laundry machine. Laundry detergent unsecured on garage floor.</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;">the way i correct this deficiency is i bought a master lock for my storage room and put all my cleaning supplies and laundry detergent and all hazardous product to be contain in my lock up storage in a safe place.</p>	<p style="text-align: center;">3/4/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Cleaning supplies stored in unsecured drawer under laundry machine. Laundry detergent unsecured on garage floor.</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;">my future plan is so i write on a sign and put it on my laundry wall to remind me all Hazardous Products should be in a lock and safe place. so i won't make the same mistake</p>	<p style="text-align: center;">5/4/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><u>FINDINGS</u> "Tums," "Infants Tylenol" and "Infants Ibuprofen," unsecured on refrigerator door.</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;">So once i got my deficiency i went to walmart and bought a medication box for my refrigerator with a lock on it so i can keep all my medication product locked in a safe box with a lock on it to make sure it won't happen again</p>	<p style="text-align: center;">3/4/21</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 – February 2021 medication record listed the following medications. However, no physician/APRN order:</p> <ul style="list-style-type: none"> • “Baza antifungal cream for pericare to prevent rash” • “Acetaminophen 325 mg tab, take 2 tabs q6 ° po prn” • “Senna-S 8.6 -50 mg tab, take 1 tab BID prn 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>Yes. I called the PCP of resident #1 that she needs to sign the doctor's orders. She came to the care home and signed the written orders. Copy of the form signed by the PCP is now available at the resident's binder.</i></p>	<p style="text-align: center;">3/6/21</p>

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 – February 2021 medication record listed the following medications. However, no physician/APRN order:</p> <ul style="list-style-type: none"> • “Baza antifungal cream for pericare to prevent rash” • “Acetaminophen 325 mg tab, take 2 tabs q6 ° po prn” • “Senna-S 8.6 -50 mg tab, take 1 tab BID prn constipation” 	<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;">For my future plan i will double check all paper works to be complete when the doctor done with all doctor's order. so i won't make the same mistake again.</p>	<p style="text-align: center;">3/4/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – physician order dated 01-19-21 read, “Loperamide HCl tablet 2 mg, give 1 tablet by mouth as needed for diarrhea. Give after each loose BM do not exceed 16 mg/day.” PRN medication was initialed as administered on 02-02-21; however, time of administration was not documented on February 2021 medication record.</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
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – no admission assessment completed upon admission of 01-25-21.</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>Yes. I completed the admission assessment form and have it signed by the POA (daughter) of resident #1. Copy of the completed form is now available at the resident's binder.</i></p>	<p><i>02/18/21</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 - no admission assessment completed upon admission of 01-25-21.</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>to make a package admission ready before the new package come,, i will review the admission package on the day on the admission to make sure all document are completed. use the admission check list to double check that all document are filled and sign.</i></p>	<p style="text-align: center;"><i>9/7/21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – February 2021 progress notes did not document reason for administration and response to PRN medication, “Loperamide HCl tablet 2 mg, give 1 tablet by mouth as needed for diarrhea. Give after each loose BM do not exceed 16 mg/day,” administered on 02-02-21.</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"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: 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; <u>FINDINGS</u> Resident #1 - February 2021 progress notes did not document reason for administration and response to PRN medication, "Loperamide HCl tablet 2 mg, give 1 tablet by mouth as needed for diarrhea. Give after each loose BM do not exceed 16 mg/day," administered on 02-02-21.	<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;">So i write down on prn medication the time i give and reason why i give and the time response to the PRN medication.. future plan i put PRN medication file together with medication record.</p>	<p style="text-align: center;">9/2/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 signed financial statement.</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 call the daughter to sign the financial statement. she comes to the house and sign it, and i pulled it in the resident record</i></p>	<p style="text-align: center;"><i>8/9/21</i></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 signed financial statement.</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 will review the admission package on the day on the admission to make sure all document are completed... to double check that all document are pulled and sign. using the admission check list.</i></p>	<p style="text-align: center;"><i>8/3/21</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3: 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. <u>FINDINGS</u> PCG and substitute care giver (SCG) #1 completed ten (10) hours of continuing education for the 2021 annual inspection year. <u>Please submit documentation of two (2) additional hours to be counted toward your 2021 annual inspection year with your POC.</u>	<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>Yes. I called the nurse who gave us the class for HIPPA Privacy rules. I told her that I lost the certificates. She gave me a re-copy of our certificates. Copy of the certificate is now available at the Care Home binder</i></p>	<p style="text-align: right;"><i>2/18/21</i></p>

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<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> PCG and substitute care giver (SCG) #1 completed ten (10) hours of continuing education for the 2021 annual inspection year.</p> <p><u>Please submit documentation of two (2) additional hours to be counted toward your 2021 annual inspection year with your POC.</u></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>From now on, I will make it a habit of putting my records (documents) right away into the right place (books) before I forget or lose it. I will also check my records (books) in a regular basis (every month at least) to make my records clean and complete.</i></p>	<p style="text-align: right;"><i>02/18/21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p>FINDINGS Resident #1 – admitted 01-25-21, no documentation of pneumococcal or current influenza vaccination.</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>Yes. I called the POA of resident #2, I asked her to provide a copy of her father's pneumo-vaccine and flu-vaccine shots. She brought the document. He had a pneumo-vaccine shot on 10/25/2016, however, he does not have any flu shot done last year. I already made an appointment to his PCP for flu-shot. His appointment is 7/03/21. Copy of the ^{pneumo-}vaccine is available at the resident's binder.</i></p>	<p>6/20/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 – admitted 01-25-21, no documentation of pneumococcal or current influenza vaccination.</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>whenever there is a prospect client that wants to move into the care home, I will gather all the documents first: (flu shot, pneumo shot, and t. b. skin test) prior to admission. No documents to admission</i></p>	<p><i>06/20/21</i></p>

Licensee's/Administrator's Signature:



Print Name:

Suzana B. Ada

Date:

3/4/21

Licensee's/Administrator's Signature:

Evangelina Reyes

Print Name:

Evangelina Reyes

Date:

6/25/21

Licensee's/Administrator's Signature:



Print Name:

Susana B. Adm

Date:

8/3/2021