

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: JML	CHAPTER 100.1
Address: 92-560 Pilipono Street, Kapolei, Hawaii 96707	Inspection Date: September 1, 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.

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING SECTION

21 OCT 28 AM 5:2

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Resident at dining table was eating a toasted ham sandwich, containing two slices of toast and a deli cut slice of ham, for breakfast during the inspection. Breakfast menu stated, "papaya, WG bran flakes, FF milk" to be provided.</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 style="text-align: center;">STATE OF HAWAII</p> <p style="text-align: center;">21 SEP 17 P 3:29</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Resident at dining table was eating a toasted ham sandwich, containing two slices of toast and a deli cut slice of ham, for breakfast during the inspection. Breakfast menu stated, "papaya, WG bran flakes, FF milk" to be provided.</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>In the future; if a resident is known that he/she do not like certain foods; a substitution should be readily available following the written menu. Inform the resident in advance; a day or couple of days on what is to be served. Remind the caregivers on what is to be served for that particular resident by personally instructing them and post the substituted menus in the kitchen with the resident's name.</p>	<p>10/27/21</p> <p>21 OCT 28 AM 1:52</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><u>FINDINGS</u> Resident #1 – Physician’s order on 10/20/20 states, “Regular diet, avoid bread, rice, noodles to one serving per day. No concentrated sweets”. New diet orders prescribed for “regular diet” on 8/9/21. No documented evidence that the special diet order was clarified with physician.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Resident's ordered diet instructions have been followed. All 4 sets of care home menus doesn't have concentrated sweets</i></p>	<p>10/27/21</p> <p>21 OCT 28 AM 1:52</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF COMMUNITY STATE LICENSING</p>

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<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 – Physician’s order on 10/20/20 states, “Regular diet, avoid bread, rice, noodles to one serving per day. No concentrated sweets”. New diet orders prescribed for “regular diet” on 8/9/21. No documented evidence that the special diet order was clarified with physician.</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>In the future, if a resident's ordered diet is not clear, obtain a diet clarification order from the resident's physician during the office visit or obtain clarification by obtaining a telephone order and document in the progress notes when the diet clarification order was obtained.</p>	<p style="text-align: right;">10/27/21</p> <p style="text-align: right;">*21 OCT 28 AM 1:52</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Canned goods stored on floor in large, uncovered plastic bin next to dining room table.</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;">All canned goods that were stored in uncovered bin on the floor were properly stored in the kitchen pantry.</p>	<p style="text-align: center;">9/11/21</p> <p style="text-align: center;">21 SEP 17 P 3:29</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH OFFICE OF THE DEPUTY SUPERVISOR</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Canned goods stored on floor in large, uncovered plastic bin next to dining room table.</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>In the future, remind all caregivers to keep all foods covered and to never store any food item on the floor but a visible reminder on proper storage of food items.</p>	<p style="text-align: center;">10/27/21</p>

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

21 OCT 28 AM 5:2

	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> Medication cabinet located in dining room was found unsecured.</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>Secured/locked medication cabinet. Reminded SCG to always secure medication cabinet after administering residents' medications. Never have medication cabinet unsecured.</p>	<p style="text-align: center;">9/11/21</p> <p style="text-align: center;">21 SEP 17 P 3:30</p> <p style="text-align: center;">STATE OF HAWAII <small>REGISTRATION DIVISION STATE OF HAWAII</small></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> Medication cabinet located in dining room was found unsecured.</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>In the future, medication cabinet is not left unsecured at any time after administering residents' medications. Substitute caregivers are reminded to always secure medication cabinet after administering residents' medications.</p>	<p style="text-align: right;">9/1/21</p> <p style="text-align: right;">21 SEP 17 P 3 30</p> <p style="text-align: center;">STATE OF MARYLAND <small>DEPARTMENT OF HEALTH & GENERAL SERVICES DIVISION OF LICENSING</small></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §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> Resident #1 - Opened NovoLog insulin pen stored improperly in refrigerator. Manufacturer instructions state insulin pen should be stored out of refrigerator once opened.</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>→ Called issuing pharmacy regarding effectiveness/ineffectiveness of opened NovoLog Insulin pen that's kept back in refrigerator; pharmacy didn't give a concrete answer.</p> <p>→ Called manufacturer regarding effectiveness/ineffectiveness of opened NovoLog Insulin Pen that's kept back in refrigerator despite the instruction to be stored out of refrigerator once opened. Manufacturer stated nothing found in study about ineffectiveness of opened NovoLog Insulin Pen that's kept back inside refrigerator. Advised it's up to the prescriber.</p>	<p style="text-align: right; font-size: 2em;">9/1/21</p> <p style="text-align: right;">21 SEP 17 P 3:30</p>

→ Called Resident's PCP, ordered
 10, OK to use & store opened NovoLog Insulin pen in refrigerator.

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; <u>FINDINGS</u> Resident #1,2 - Current annual physical exam unavailable. Submit a current copy with plan of correction.	<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>Resident #1 > Called for an appointment for annual PE. resident was seen by Alki and annual PE was done.</p> <p>Resident #2 > Resident's PC corrected date on resident's PE form done 6/10/21</p>	<p style="text-align: center;">9/13/21</p> <p style="text-align: center;">9/21/21</p> <p style="text-align: center;">SEP 17 P 3:30</p> <p style="text-align: center;">STATE OF HAWAII</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>FINDINGS Substitute Caregiver (SCG) #1,2,3 – Twelve hours of documented continuing education unavailable for review. Each SCG had 9 documented continuing education hours.</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>	<p>21 SEP 17 P 3:30</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSES DIVISION</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – Between 10/20/20-8/9/21, care plan was not updated to reflect physician's diet order dated 10/20/20, "Regular diet, avoid bread, rice, noodles to one serving per day. No concentrated sweets". Care plan stated between 10/20/20-8/9/21, "No special diet recommended due to poor appetite".</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>→ Discussed with resident's Case Manager regarding service plan pertaining to resident's diet</i> </p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE HEALTH OFFICE</p>	<p style="text-align: center;"><i>9/15/21</i></p> <p style="text-align: center;">21 SEP 17 P 3:30</p>

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Licensee's/Administrator's Signature: _____

Maryanne G. Lim

Print Name: _____

MERYNNE G. LIM

Date: _____

09/17/2021

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSES

21 SEP 17 P 3:31

Licensee's/Administrator's Signature: *Meryngham*

Print Name: MERLYNE G. LIM

Date: 10/28/2021

21 OCT 28 AM 11:52
STATE OF HAWAII
DOH-CDSDA
STATE LICENSING