

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E & J Adult Residential Care Home	CHAPTER 100.1
Address: 74-797 Ulua'oa Street, Kailua-Kona, Hawaii 96740	Inspection Date: February 17, 2022 – 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>§11-100.1-3 Licensing. (a)(8) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>In the event that the primary care giver will be unable to perform his/her duties under this chapter due to his/her anticipated departure from the ARCH or expanded ARCH, the licensee shall ensure that a person qualified under section 11-100.1-8 assumes the duties of the primary care giver prior to the primary care giver's departure from the ARCH or expanded ARCH. The department shall be notified of the change in primary care giver prior to the departure.</p> <p><u>FINDINGS</u> Primary care giver (PCG) was changed since last inspection of 2021; however, the OHCA was not notified.</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 honestly did not know that I should notify your office (OHCA) when my PCG quit working in my care home. Right now Jessie Reyes is the new PCG. I'm writing a letter addressed to you, to inform you that he meets all the requirements of a PCG. Also, included in my letter is his certificate that he has completed the ARCH modules.</p>	4/14/22

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<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (a)(8) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>In the event that the primary care giver will be unable to perform his/her duties under this chapter due to his/her anticipated departure from the ARCH or expanded ARCH, the licensee shall ensure that a person qualified under section 11-100.1-8 assumes the duties of the primary care giver prior to the primary care giver's departure from the ARCH or expanded ARCH. The department shall be notified of the change in primary care giver prior to the departure.</p> <p><u>FINDINGS</u> Primary care giver (PCG) was changed since last inspection of 2021; however, the OHCA was not notified.</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> <p><i>I will follow the advice of my nurse consultant. I will notify the office of health care assurance (OHCA) about the change of PCG as soon as the PCG gives the notice of leaving the job.</i></p> <p><i>I will make copies of my deficiencies and plan of correction, so I can read them at a regular basis, to remind myself so I won't forget, so I will not repeat my mistake again.</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> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1 – no documented training provided by the primary care giver to make prescribed medications available.</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 trained the new SCG, how to make prescribed medications available to the resident, applying the 4 rights of giving medications. I documented the training and put the documentation in the residents book.</p>	<p>Yes 2/18/22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1 – no documented training provided by the primary care giver to make prescribed medications available.</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> <p>When a new caregiver is hired to work in my care home, I will orient and train her/him everything a care giver should know before starting to work including giving prescribed medications to the resident. I will gather first all the things I need before I show to her/him how to administer the medications. I will get the clients (residents) binder, the blood pressure monitor, and the resident's medicines. I will show it to them, to take the blood pressure ^{first}, write the result on the medical administrative record. I will show them, how to make the medications available by applying the 5 rights of medication. Then ^{I will} sign the MAR after the resident took the medicines. I will sign the training form after I sign the MAR and put everything back to the secured area. I will ask the new care giver if she understood and confident to do it on next time the resident takes his/her medications.</p>	4/14/22

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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 – physician order dated 01-25-21 read, “Amlodipine Besylate 5 mg tab give 1 tab po qd <u>Hold if SBP <100.</u>” No blood pressure documented on February – September 2021 medication records.</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>	

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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><u>FINDINGS</u> Resident #1 – APRN order dated 01-25-21 read, “Senna 8.6 mg 1 po daily prn if no BM on 2nd day.” However, January 2021 – May 2021 medication record read, “Senna 8.6 mg 1 po BID.”</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 – January 2022 medication record read, "Vitamin D3 125 mcg cap take 1 cap po qd." February 2022 medication record read, "2/1 D/C Cetirizine HCl 5 mg tab take 1 tab qd." However, no telephone order documented for both medication orders.</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 followed my nurse consultant advice. I wrote the names of the medications that were ordered by the PCP over the phone on the Physicians/APRN order form. I wrote the PCP name and leave a space for her to sign when she comes to the care home. I also wrote my name (PCG) who recieved the telephone order (TO) and signed my name. I signed my name on 2/17/22, and the PCP signed her name on 3/5/22</p>	<p>Yes</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 – “Cetirizine Hydrochloride 10 mg exp 11/19” in resident medication bin.</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 went to the store and bought a new bottle. I looked at the expiration date, to make sure it was not expired. I put the label on the bottle and put it in the resident's medication bin. I disposed the old one to make sure it is not mixed with the new one.</p>	<p>Yes</p> <p>2/17/22</p>

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☒	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 – “Cetirizine Hydrochloride 10 mg exp 11/19” in resident medication bin.</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> <p>I have to make it a habit to check the expiration date of the medicines before I buy them, specially for over the counter medications. I also regularly check the medicines expiration date, those medications that are in the residents bin.</p> <p>I will make a copy of my deficiencies and POC and read them in a regular basis so I won't forget and repeat the same mistake again.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – September 2021 medication record not initialed 09-25-21 – 09-30-21.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – admitted 01-25-21, belongings/possession list not updated.</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 went into the resident's room and did an inventory of all his personal belongings. So far all his belongings during the admission are still there, nothing was discarded. However, there are some new items that were added. They were recorded and updated on the resident's binder.</p>	<p>Yes</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 – white out used on October 2021 and February 2022 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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (4) In addition to the requirements in subchapter 2 and 3:</p> <p>A substitute care giver who is trained by the primary care giver with the assistance of the registered nurse or case manager and meets the requirements as set forth in section 11-100.1-9, shall take charge of an expanded ARCH during an expanded ARCH primary care giver's absence or inability to perform regular duties;</p> <p><u>FINDINGS</u> SCG #1 – no training provided by the case manager.</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>I called the case manager (CM) and told her what I need. When she came to check the resident on 3/9/22 she trained the new SCG and she documented the training by signing the forms and I put the documents on the resident's binder.</i></p>	<p><i>Yes</i> <i>3/9/22</i></p>

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<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 – two (2) step tuberculosis (TB) skin test did not indicate the dates administered and dates read. One (1) TB skin test completed on 01-25-22.</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>I called the resident's PCP and told her that I need a t.b. test (second step) for resident #1. She came on 3/5/22 and did the t.b. test. She came back on 3/8/22 and did the reading. She documented the reading by signing the t.b. card and the t.b. screening form. It was negative. I put the record on the resident's binder.</i></p>	<p><i>Yes</i> <i>3/5/22</i></p>

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<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 – two (2) step tuberculosis (TB) skin test did not indicate the dates administered and dates read. One (1) TB skin test completed on 01-25-22.</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> <p>Before the new resident moves into my care home I will give all the pre-admission forms to be filled ^{out} by the PCP or any authorized person to including the 2 step t.b. form. Once, I got back these forms, I will read them one by one, to make sure every information required is answered. If a t.b. test is not complete, I will give back the form to the resident's family, to complete the form by taking back their relative to the nurse or doctor who administer the PPD test. I won't admit the client unless all paper works are completed/satisfactory.</p>	

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<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 – care plan entitled “High risk for constipation or diarrhea r/t decreased mobility and poor fluid intake” – Senna 8.6 mg 1 po daily prn no BM x 2 days was not listed as an intervention.</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 called the resident's CM, and told her what I need. I sent her the most up-dated list of the resident's medication. She came and check the resident on 3/9/22. She updated the care plan and corrected the deficiency. The new care plan is on the resident's binder.</p>	<p>Yes 3/9/22</p>

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Licensee's/Administrator's Signature: Evangelina D. Reyes

Print Name: Evangelina D. Reyes

Date: March 14, 2022

Licensee's/Administrator's Signature: Evangelina D. Reyes

Print Name: Evangelina D. Reyes

Date: 4/15/22