

Office of Health Care Assurance

**State Licensing Section**

## **STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<b>Facility's Name:</b> Juanita's	<b>CHAPTER 100.1</b>
<b>Address:</b> 1902 Palamoi Street, Pearl City, Hawaii 96782	<b>Inspection Date:</b> June 22, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**


STATE OF HAWAII  
OFFICE OF HEALTH CARE ASSURANCE  
STATE LICENSING SECTION

22 SEP 19 10:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(A) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented compliance with current county building and zoning codes;</p> <p><b><u>FINDINGS</u></b>  Substitute Caregiver #1 – FieldPrint clearance unavailable for review. Submit a copy with plan of correction.</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>I have schedule appointment of SSG #2 if done I send on this date 7/21/22</i></p>	<p style="text-align: right;">22 JUL 25 P 3:57</p> <p style="text-align: right;">STATE OF MARYLAND DEPARTMENT OF STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(A) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented compliance with current county building and zoning codes;</p> <p><b><u>FINDINGS</u></b>  Substitute Caregiver #1 – FieldPrint clearance unavailable for review. Submit a copy with plan of correction.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I have written a due date reminder on my calendar To remind to obtain field print clearance for my care givers. Due date for 2023 had been written on my calendar.</i></p>	<p><i>9/19/22</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Bottle of Vitamin D3 not properly labeled with name, dosage, and frequency of medication to be administered.</p> <p>Resident #1 – Bottle/Box of Refresh Optive Lubricant Eye Drops not properly labeled with name, dosage, and frequency of medication to be administered.</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>The bottle of Vitamin D3 was labeled with white paper label that reads the name, dosage and frequency.</i></p> <p><i>The bottle/box of Refresh Optive Lubricant Eye Drops was labeled with a white paper label that reads the name dosage and frequency.</i></p>	<p>8/16/22</p> <p>22 AUG 23 410:49</p> <p>STATE OF MICHIGAN DEPT. OF HEALTH &amp; HUMAN SERVICES STATE Licensure DIV.</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 9/13/21, 3/1/22 and 5/13/22 states, “Benefiber 1 Tbsp in water 2x/day as needed”; however, PRN indication was not provided for these orders.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>22 JUL 25 P 3:57</p> <p>STATE OF HAWAII PSY-CAC-A STATE LEARNING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician's order dated 9/13/21, 3/1/22 and 5/13/22 states, "Benefiber 1 Tbsp in water 2x/day as needed"; however, PRN indication was not provided for these orders.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will put my extend a reminder note next to my calendar of doctors appt. for residents. Reminder note will remind me to double check all medications orders are complete w/ PRN indication. I will check medication of <del>each medication</del> orders at each doctors visit for completeness. 9/19/22</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS</u></b> Resident #1 – External use medications (e.g., skin ointment and eye drops) stored in same container with internal use medications</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>The external use medication was removed and stored in a separate container from the internal use medication.</i></p>	<p><i>8/16/22</i></p> <p>22 AUG 23 410:49</p> <p>STATE OF CONNECTICUT DOH-0615-0001 STATE L101000000</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS</u></b> Resident #1 – External use medications (e.g., skin ointment and eye drops) stored in same container with internal use medications</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></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 label the container carrying external use medications "External use medications only" and the container carrying internal use medications "Internal use medications only".</i></p>	<p>8/16/22</p> <p>22 AUG 23 AM 0:49</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSES</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><b><u>FINDINGS</u></b> Resident #1 – “Losartan 50mg 1 tab PO 1x/day” written and documented on medication administration record (MAR) as administered between 7/7/21-8/31/21; however, no physician’s order available.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>22 JUL 25 P 3:57</p> <p>STATE OF PENNSYLVANIA BOH-001010 STATE LICENSING</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><b><u>FINDINGS</u></b> Resident #1 – “Losartan 50mg 1 tab PO 1x/day” written and documented on medication administration record (MAR) as administered between 7/7/21-8/31/21; however, no physician’s order available.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will make a reminder note to check all medications orders to the mar to ensure the match. I will did this once a month.</i></p>	<p><i>9/19/22</i></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><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 9/13/21 states, “Losartan 50mg 1 tab PO daily”; however, no documented evidence medication was administered between 9/13/21-9/30/21, as ordered by physician.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

STATE OF NEW YORK  
DEPT. OF HEALTH  
STATE COLLEGE  
JUL 25 13:57

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b> Resident #1 – Progress note dated 1/5/22 states acetaminophen was given for arm pain, however, no documented evidence medication was administered on 1/5/22, per MAR.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>22 JUL 25 P 3:57</p> <p>STATE OF HAWAII DOH-CO-14 STATE LICENSING</p>

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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> (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><b><u>FINDINGS</u></b> Resident #1 – No documented evidence resident's response to daily medications was noted in monthly progress notes between 6/2021-5/2022.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>22 JUL 25 P 3:57</p> <p>STATE OF OHIO DEPARTMENT OF STATE LICENSING</p>



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<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><b><u>FINDINGS</u></b> Resident #1 – Progress note dated 6/7/22 states resident prescribed diclofenac gel and meloxicam for body pain related to arthritis; however, no follow up documentation if bodily pain improved following medication treatment.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

STATE OF CONNECTICUT  
JUL 25 2022 11:58 AM

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Licensee's/Administrator's Signature: Quanita Fajardo

Print Name: Juanita Fajardo

Date: 7/18/22

STATE OF HAWAII  
DOH-OMUA  
STATE LICENSING

22 JUL 25 P3:58

Licensee's/Administrator's Signature: Juanita Fajardo

Print Name: Juanita Fajardo

Date: 8/16/22

STATE OF HAWAII  
DEPARTMENT OF  
STATE LICENSING

22 AUG 23 AM 49

Licensee's/Administrator's Signature: Guanita Fajardo

Print Name: Juanita Fajardo

Date: 9/19/22

STATE OF NEW YORK  
DEPARTMENT OF  
STATE LIBRARIANSHIP  
22 SEP 19 10:06