

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J & J	CHAPTER 100.1
Address: 94-276 Pupukoe Street, Waipahu, Hawaii 96797	Inspection Date: May 13, 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.**

22 JUL 25 P 3 51  
STATE OF HAWAII  
REG. CHG.  
CIVIL HEARING

	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><b><u>FINDINGS</u></b> Resident #1 – Diet order listed on physical exam from 6/3/2021 states, “chopped.” No documented evidence the physician was contacted to clarify the diet type.</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>Physician was called 7-20-22 and diet type was clarified as regular chopped diet with thin liquid.</i></p>	<p><i>7-20-22</i></p> <p style="text-align: right;">22 JUL 25 P3:51</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (1)  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><b><u>FINDINGS</u></b>  Resident #1 – Diet order listed on physical exam from 6/3/2021 states, “chopped.” No documented evidence the physician was contacted to clarify the diet type.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><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>In the future, whenever a diet order is received the PCG will be responsible to ensure that the diet order is complete with the diet type and texture. The order will be flagged until another care giver reviews it to ensure it's complete. The PCG has also noted on the front of the binder, to check the diet order every six months to ensure it's up to date, complete and accurate.</i></p>	<p style="text-align: right;">7-20-22</p> <p style="text-align: right;">22 JUL 25 P3:51</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DEPARTMENT OF HEALTH  COMMUNITY CARE DIVISION</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 – Medications listed on physical exam from 6/3/2021 do not include a route or frequency.</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 PM 5:51</p> <p>STATE OF ILLINOIS DEPARTMENT OF STATEMENT</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 – Medications listed on physical exam from 6/3/2021 do not include a route or frequency.</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>The PCG or SCG will review all documents to ensure everything is complete and accurate before leaving the physician's office. If there are any mistakes, the physician will be made aware immediately, and asked to correct them before we leave the office. At home, all documents received will be 'flagged' until another case given has reviewed them, and initialed at the bottom</i></p>	<p>7-20-22</p> <p>22 JUL 25 P 3:51</p> <p>STATE OF FLORIDA DEPT-0157 STATE ID# 65115</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 – Telephone order for Guaiatussin from 12/22/2021 did not include a dose, route or frequency.</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 3:51</p> <p>STATE OF ALABAMA JUL 25 2022 STATE BOARD OF NURSING</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 – Telephone order for Guaifenesin from 12/22/2021 did not include a dose, route or frequency.</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>In the future telephone orders will be flagged by the care giver who receives the order, until another care giver has received it for accuracy and completion. Both care givers will initial the order for accountability</i></p>	<p>1-20-22</p> <p>22 JUL 25 P 3:51</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSURE</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Resident #1 – Telephone orders for Azithromycin and Guaifenesin from 12/22/2021 not signed by resident's physician within four months.</p>	<p><b>PART 1</b></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 3:52</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>



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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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 – Monthly progress notes do not include observations of the resident's response to diet or medications.</p>	<p><b>PART 1</b></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 3:52</p> <p>STATE OF HAWAII DOH-0104 STATE LIAISON</p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – 6/3/2021 and 12/18/2021 comprehensive assessments from case manager list “cardiac diabetic diet,” which the resident was not on.</p>	<p><b>PART 1</b></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 3:52</p> <p>STATE OF HAWAII DEPT OF HEALTH STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Weights recorded on the monthly weight record and monthly progress notes are different. From September 2021 to February 2022 the resident's weight on the weight record was 80 lbs. During that same time, the weight on the monthly progress notes was 90 lbs.</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 HAWAII  
DEPT. OF CORR.  
STAFF DEVELOPMENT

'22 JUL 25 P 3:52

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Weights recorded on the monthly weight record and monthly progress notes are different. From September 2021 to February 2022 the resident's weight on the weight record was 80 lbs. During that same time, the weight on the monthly progress notes was 90 lbs.</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>Because we are no longer able to weigh the resident, we will start measuring the mid. arm circumference on her right arm every month. The PCG will be responsible to ensure that the correct arm circumference is recorded on the monthly weight record and the monthly progress note. A SCG will double check both records at the end of each month. This task has been added to a monthly checklist.</i></p>	<p>7-26-22</p> <p>22 JUL 25 P 3:52</p> <p>STATE OF CONNECTICUT DEPT. OF SOCIAL SERVICES STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u>  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><b><u>FINDINGS</u></b>  Resident #1 – White out appeared to be used on September and December 2021 medication administration record.</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>STATE OF HAWAII  DOH - OHA  STATE LICENSING</p>	<p>22 JUL 25 P 3:52</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><b><u>FINDINGS</u></b>  Resident #1 – Case manager's monthly care plan did not reflect 9/15/2021 and 3/23/2022 medication and supplement changes.</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 3:52</p> <p>STATE OF IDAHO  DOH-0104  STATE LICENSES</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><b>FINDINGS</b>            Resident #1 – Case manager's monthly care plan did not reflect 9/15/2021 and 3/23/2022 medication and supplement changes.</p>	<p>PART 2</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>Each month, before the case manager leaves, the PCG or a SCG will sit down and review the care plan to ensure all new medication and supplement orders have been added, and that everything is accurate. A log will be created and the CM and care giver will both initial each month to acknowledge the care plan had been reviewed.</i></p>	<p>7-20-22</p> <p>22 JUL 25 P 3:52</p>

Licensee's/Administrator's Signature: Flora B. Cadiz

Print Name: FLORA B. CADIZ

Date: 7-20-22

STATE OF HAWAII  
DEPT. OF  
SATELLITE

22 JUL 25 P 3:52