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 9, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Substitute Caregiver (SCG) #1 – Annual physical unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Called (SCG) Substitute Caregiver's PCP to fax or mail annual PE form that was done 07/12/2022. STATE OF HAWAII DEPT. OF HUMAN SERVICES STATE LICENSING BRANCH '22 SEP 20 P3:18	09/09/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Substitute Caregiver (SCG) #1 – Annual physical unavailable for review. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will create a calendar c PE due dates for all CGs. I will check calendar each month. and obtain physical exam. from caregivers timely	10/6/22

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #1 – Annual tuberculosis clearance unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Called substitute caregiver PCF office to Fax or mail annual TB clearance done on 07/12/22.	09/09/22

STATE OF HAWAII
DEPT. OF HEALTH
STATE FILE STAMPING

'22 SEP 20 P3:18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #1 – Annual tuberculosis clearance unavailable for review. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will create a calendar of TB due dates for all caregivers. I will check calendar each month and obtain TB clearance from caregivers timely	10/6/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – Physician's order dated 8/31/22 states, "Hydrocortisone 1% Apply to affected skin BID PRN"; however, PRN indication unavailable.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Verification of order obtained from resident's RCF.	9/9/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – Physician's order dated 8/31/22 states, "Hydrocortisone 1% Apply to affected skin BID PRN"; however, PRN indication unavailable.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will post a reminder note on the resident's MAR to check all PRN medications order include a PRN indication after receiving orders from physician.	10/6/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (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. **FINDINGS** Resident #1 – Schedule of activities unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** > Residents schedule of activities has been developed and placed in residents binder.	9/9/12

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (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. **FINDINGS** Resident #1 – Schedule of activities unavailable for review. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will make an admission checklist to include creating the resident's schedule of activities. I will review and complete the checklist at time of admission.	10/6/22

STATE OF HAWAII
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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; **FINDINGS** Resident #1 – Annual physical unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Called resident PCP to fax or mail completed PE form done 08/31/2022.	9/9/22

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STATE OF HAWAII
DEPT. OF
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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; **FINDINGS** Resident #1 – Annual physical unavailable for review. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will create a calendar & PE due dates for all residents. I will check calendar each month and obtain PE from resident timely.	10/6/22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions. **FINDINGS** Resident #1 – Care plan dated 8/3/22 and 9/8/22 states, "toilet every two (2) hours until pattern is established"; however, no documented evidence this task is being performed timely, as indicated.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH-EMCU STATE'L HEARINGS '22 SEP 20 P3:18	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions. **FINDINGS** Resident #1 – Care plan dated 8/3/22 and 9/8/22 states, "toilet every two (2) hours until pattern is established"; however, no documented evidence this task is being performed timely, as indicated.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will make a rounding care plan sheet for all specialized care. The rounding flowsheet will include specific specialized care + the frequency to be provided. SCG has been inserviced on how to use flowsheet	10/26/22.

STATE OF HAWAII
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions. **FINDINGS** Resident #1 – Care plan dated 7/7/22 states, "change position every 2 hours. Protect bony prominences to prevent pressure sores"; however, no documented evidence this task is being performed timely, as indicated.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions. **FINDINGS** Resident #1 – Care plan dated 7/7/22 states, "change position every 2 hours. Protect bony prominences to prevent pressure sores"; however, no documented evidence this task is being performed timely, as indicated.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will make a rounding care flow sheet for all specialized care. the rounding flowsheet will include specific specialized care and the frequency to be provided. SCG has been inserviced on how to use flowsheets.	10/6/22

STATE OF HAWAII
DEPT OF HEALTH
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(1) 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: Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects; **FINDINGS** Resident #1 – Pre-admission comprehensive assessment unavailable for review.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DEPT OF HEALTH STATE LICENSING	'22 SEP 20 P3:19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(1) 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: Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects; **FINDINGS** Resident #1 – Pre-admission comprehensive assessment unavailable for review. STATE LICENSURE STATE OF HAWAII 22 SEP 26 P3:33	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future; make an admission checklist for all residents as a reminder prior to admission into the care home.	9/26/22

Licensee's/Administrator's Signature: _____

Print Name: MERLYNE LIM

Date: 09/19/2022

'22 SEP 20 P3:19

STATE OF HAWAII
DCCA-OAH
STATE LIBRARIANS

Licensee's/Administrator's Signature: _____

Print Name: MERLYNE LIM

Date: 09/26/2022

Licensee's/Administrator's Signature: _____

Print Name: MERLYNE LIM

Date: 10/6/22

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STATE LICENSING