

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fuji Japan Care Home LLC	CHAPTER 100.1
Address: 134 Hoopiha Place, Wahiawa, Hawaii 96786	Inspection Date: November 10, 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>§11-100.1-15 <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 4/23/22 and 7/9/22 for “Lisinopril 40mg / 1 tab by mouth daily – Hold for SBP <110.” On 10/24/22, at 8A, BP read 107/55 on blood pressure log, however medication was signed as given to resident on medication sheet for 10/24/22. No recordation of BP being retaken to meet BP parameter to administer medication. No physician order to discontinue hold parameter for blood pressure medication. Please clarify with physician with medication order.</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician order dated 4/23/22 and 7/9/22 for “Melatonin 3mg/ 2 tab po hs PRN.” No as needed (PRN) indication for aforementioned medications by physician.</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 clarified the medication order with physician.</p>	<p style="text-align: center;">12/27/22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 – Physician order dated 2/25/22 for “Miralax Powder (Polyethylene glycol 3350) Give 17gm by mouth one time a day for constipation. Mix with 4-8 ounces of water or juice. Hold for LBM.” On 4/23/22 order changed to as needed (PRN), however Miralax order was not documented as either given to, held from, or refused by resident from April 9-15 and April 19-22.</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>§11-100.1-17 <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><u>FINDINGS</u> Resident #1 – No documented evidence of a response to diet on monthly progress notes for the months of June, July, and September 2022.</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
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p>FINDINGS Resident # 1 – Physician order dated 4/23/22 for the following medications:</p> <ul style="list-style-type: none"> - “Sennosides 8.6 mg-50mg/2 tabs by mouth daily BID (Hold for loose stools) PRN.” - “Melatonin 3mg/ 2 tab po hs PRN.” <p>Both aforementioned as needed (PRN) medications are administered nightly at 8:00 p.m. from May to present, according to medication sheet, however there are no documentation of response to PRN medications.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><u>FINDINGS</u> Resident #1 – Physician order dated 7/18/22 for “Lactulose 10gm/15mL. Take 30mL po qd PRN for no BM for 2 days.” PRN medication is documented to be given at least five (5) times a month from July 2022 to October 2022. No documented response to PRN medication.</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>§11-100.1-17 <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><u>FINDINGS</u> Resident #1 – Emergency information sheet not updated with current medications ordered by physician or APRN. Last update dated 2/26/22. There have been various medication changes and update from 3/16/22 to present.</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 clarified and updated the most current medications ordered by physician in Emergency information sheet.</p>	<p style="text-align: center;">12/24/22</p>

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Licensee's/Administrator's Signature: Chieko Riccio

Print Name: Chieko Riccio

Date: 12/27/2022

Licensee's/Administrator's Signature: Chieko Riccio

Print Name: Chieko Riccio

Date: 2/14/2023

23 FEB 15 PM 14
STATION 1100