

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E & J Adult Residential Care Home	CHAPTER 100.1
Address: 74-797 Uluaoa Street, Kailua-Kona, Hawaii, 96740	Inspection Date: February 27, 2023 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.

STATE OF HAWAII
DEPARTMENT OF
HEALTH LICENSING
MAR 20 11:2:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) 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 evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute care giver #1: No documented evidence of Fieldprint background results.</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><i>Yes, I called SCG #1 and told her that I need a copy of her field print. She came to my care home and gave me a copy of it. She was given a green light determination. Determination date: 1/19/23. I put the copy of the field print in my care home binder.</i></p>	<p style="text-align: center;">02/28/23</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p> <p style="text-align: right;">23 MAR 20 PM 2:05</p>

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	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><u>FINDINGS</u> Resident #1: Diabetic diet ordered on 1/30/23. No documented evidence that diabetic diet is being provided as ordered.</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><i>Yes. I called the PCP of resident #1 and make an appointment to clarify the diet ordered for her. The diet ordered by the PCP was regular diet. The diet order was available at the resident #1 binder.</i></p>	<p style="text-align: center;"><i>3/2/23</i></p> <p style="text-align: right;">23 MAR 20 P12:05 STATE OF ILLINOIS DEPARTMENT OF HEALTH 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>FINDINGS Resident #1: Cefdinir 300mg caps 1 tab BID every 12 hours for seven days ordered on 1/10/23. No documentation in progress notes of antibiotic treatment response.</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><i>Yes. It's a late entry, but my SCG wrote the documentation in the progress notes. The response of the resident after taking all the anti-biotic was written in the resident's progress notes and is in the resident's binder.</i></p>	<p style="text-align: center;">3/10/23</p> <p style="text-align: right;">23 MAR 20 12:05 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> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1: Blue ink used in progress notes for February 2023.</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>	<p style="text-align: center;">'23 MAR 20 P12 05</p> <p style="text-align: center; font-size: small;">STATE OF GEORGIA DEPARTMENT OF STATE LICENSING</p>

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Licensee's/Administrator's Signature: Jessie F. Reyes

Print Name: Jessie F. Reyes

Date: 3-16-23

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

23 MAR 20 12:05