

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jaychat Adult Residential Care Home	CHAPTER 100.1
Address: 99-314A Eke Place, Unit 2, Aiea, Hawaii 96701	Inspection Date: May 4, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

23 JUL 26 P 2:00

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS Resident #1 – On 3/31/2023, diabetic diet and regular diet were ordered by the same physician. Resident #2 – On 3/17/2023, cardiac diet and regular diet were ordered by the same physician.</p> <p>Per Primary Care Giver (PCG), orders were clarified and both residents are on a regular diet. However, there was no record that the orders were clarified.</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, deficiencies has been corrected. PCG indicated in her progress notes and has been filed in resident's folder. Diet order for both residents are regular diet.</i></p>	<p style="text-align: right;">5-17-2023</p> <p style="text-align: right;">23 JUL 26 P 2:00</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</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><u>FINDINGS</u> Resident #1 – On 3/31/2023, diabetic diet and regular diet were ordered by the same physician. Resident #2 – On 3/17/2023, cardiac diet and regular diet were ordered by the same physician.</p> <p>Per Primary Care Giver (PCG), orders were clarified and both residents are on a regular diet. However, there was no record that the orders were clarified.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>PCG will always check order immediately right after the doctor's visit and if there is any discrepancy, PCG will call doctors to correct and will be recorded on resident's progress notes.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;"><i>5-17-2023</i></p> <p style="text-align: right;">23 JUL 26 P 2:00</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>FINDINGS Bacitracin Zinc ointment USP cream and VapoRub were left unsecure in resident's room #4. VapoRub left unsecure in resident's room #3.</p> <p>The medications were removed and secured by PCG during inspection.</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> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p style="text-align: right;">23 JUL 26 P 2:00</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (e)</u> 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 #2 – No order for Bacitracin Zinc ointment USP cream and VapoRub that were left in resident's bedroom</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, deficiency has been corrected. PEG removed the bacitracin zinc ointment USP cream and VapoRub in resident's bedroom during the visit May 4, 2023. Medicine has been locked.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p><i>5.04.23</i></p> <p>23 JUL 26 P 2:00</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (e)</u> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – Order dated 7/25/2022 stated, “Humalog Mix 75/25, 20IU, SQ, BID w/Breakfast and dinner, Rotate injection site.” But per MAR, 17IU continued to be administered. The current order is to give 17IU for the medication. The resident receives the medication as ordered.</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> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: right;">23 JUL 26 P 2:00</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> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS No record that admission assessment was done at readmission on 7/19/2022 after hospitalization.</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> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p style="text-align: center;">23 JUL 26 P 2:00</p>

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Licensee's/Administrator's Signature: 

Print Name: CHARITIE LABRADOR

Date: 05-22-2023

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