Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J.C.	**CHAPTER 100.1**
Address: **203 Awa Place, Kihei, Hawaii 96753**	**Inspection Date: June 23, 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.

	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 Care Giver (SCG) #1 – No current annual physical exam.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG # 1 had an appt for PE last May 2023, but was re-scheduled due to PCP emergency leave. she was given July 7, 2023 appt. Copy of PE is enclosed. STATE OF HAWAII DOH-OHCA STATE LICENSING '23 AUG -2 P12:01	7/7/23

	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 Care Giver (SCG) #1 – No current annual physical exam.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Will remind SCG 3 months prior annual PE is due by text, phone call. Will review records in April if all records are up to date	7/7/23

'23 AUG -2 P12:01
STATE OF HAWAII
DOH-OHCA
STATE LICENSING

	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 – No documented evidence of initial/2-Step tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG # 1 had another TB test done last 7/13/23 Copy of result is enclosed	7/13/23

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

'23 AUG -2 P12:01

	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 – No documented evidence of initial/2-Step tuberculosis clearance.	**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 keep the 2 TB clearance ~~remind SCG 3 months~~ ~~paper~~ in folder. Will review records 2-3 months prior inspection to make sure records are up to date.	7/13/23

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

'23 AUG -2 P12:01

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Resident #1 – Diet order from 5/26/2022 = soft until dentures. Diet type was not clarified with the physician.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1 saw his primary physician 7/13/23. Doctor ordered regular soft diet Copy of Dr's note is enclosed STATE OF HAWAII DOH-OHCA STATE LICENSING	7/13/23 '23 AUG -2 P12:01

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Resident #1 – Diet order from 5/26/2022 = soft until dentures. Diet type was not clarified with the physician.	**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 review all documentation from the resident's physician as soon as I receive it. If there are are any unclear orders, I will call the physician to clarify. I also made a checklist of required resident's documents which includes an annual diet order. I will make a note in my calendar to review this checklist and accompanying documentation every six months in January & July to ensure all required documentation is clear, accurate and available	DEC 18 P12:49 12/14/23

7

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #1 – Admission assessment incomplete. Multiple sections not filled out.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Filled out assessment form. Copy is enclosed I will make sure	6/24/23

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

23 AUG -2 P12:01

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #1 – Admission assessment incomplete. Multiple sections not filled out.	**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 use the admission / re admission checklist whenever a resident is admitted. I will also have another caregiver review the checklist, as well as all corresponding documentation to ensure that everything is complete, accurate and readily available. We will both sign off on the checklist	12/4/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(4) 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: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; **FINDINGS** Resident #1 – No documented evidence of initial/2-Step tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1 had another skin test at Wailuku health Center - 6/29/23	6/29/23

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

'23 AUG -2 P12:01

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(4) 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: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; **FINDINGS** Resident #1 – No documented evidence of initial/2-Step tuberculosis clearance. 11	**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 use the admission / re admission checklist whenever a resident is admitted to ensure that a 2 step / initial TB clearance is obtained. In addition I will make a separate checklist that includes the 2 step / initial TB clearance and I will review this checklist every 6 months in January & July to ensure that 2 step / initial TB clearance is still available in the resident's record. I will make a note on my calendar & the front of each resident's folder to remind me to review all required documents	12/4/23

STATE FORMS
23 DEC 18 P12:48

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(7) 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: Height and weight measurements taken; **FINDINGS** Resident #! – Height and weight not taken on admission.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Ht + Wt were taken but not recorded. I recorded it in Ht + Wt form STATE OF HAWAII DOH-OHCA STATE LICENSING '23 AUG -2 P12:01	6/24/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Com ion I
☒	§11-100.1-17 Records and reports. (a)(7) 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: Height and weight measurements taken; **FINDINGS** Resident #! – Height and weight not taken on admission.	**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, upon admission/ re admission, I will complete filling out admission form with weight and height. I will review documents every six months in January and July to ensure all documents are completed. I will have also another caregiver review documents to ensure all required documentation is clear, accurate + available.	

12/14/23

STATE LICENSING

DEC 18 P12:48

Licensee's/Administrator's Signature: Catalina Garcia

Print Name: CATALINA GARCIA

Date: 7/28/23

'23 AUG -2 P12:00

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

Licensee's/Administrator's Signature: Catalina Garcia

Print Name: CATALINA GARCIA

Date: 9/18/2023

Licensee's/Administrator's Signature: Catalina Garcia

Print Name: CATALINA GARCIA

Date: 12/14/23

'23 DEC 18 P12:48

STATE LICENSING