

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: AJS Expanded Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 16-1566 Keaau-Pahoa Road, Keaau, Hawaii 96749</b>	<b>Inspection Date: May 23, 2024 Annual</b>

**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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

**FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(9)  The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH;</p> <p><b><u>FINDINGS</u></b>  No documented evidence that the primary care giver (PCG) achieved acceptable level of skill and training in first aid.</p> <p><b>Please provide a copy of first aid with your plan of correction.</b></p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>CPR/First Aid training completed. Placed a copy of CPR/First Aid card in Care Home Binder. Updated required documents checklist to ensure timely completion of requirements.</p>	<p>06/19/24</p>


	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH;</p> <p><b><u>FINDINGS</u></b> No documented evidence that the primary care giver (PCG) achieved acceptable level of skill and training in first aid.</p> <p><b>Please provide a copy of first aid with your plan of correction.</b></p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I will update the required documents checklist for PCG and SCGs with the completion and expiration dates. This document will be kept in the resident's MAR binder that is checked daily to be aware of when documents need to be renewed. I will obtain required documents for PCG and SCGs at least 1 month prior to expiration and place them in the Care Home Binder.</p>	06/19/24

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Inventory for the following residents were not maintained:</p> <ol style="list-style-type: none"> <li>1. Resident #1- last maintained 2/15/22</li> <li>2. Resident #2- last maintained 4/13/22</li> <li>3. Resident #3- last maintained 12/26/22</li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Inventory for the following residents were not maintained:</p> <ol style="list-style-type: none"> <li>1. Resident #1- last maintained 2/15/22</li> <li>2. Resident #2- last maintained 4/13/22</li> <li>3. Resident #3- last maintained 12/26/22</li> </ol>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I will include the residents' inventory in the monthly audit checklist as a reminder to check and update the residents' inventory monthly and as needed.</p>	<p>05/23/24</p>

	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><b><u>FINDINGS</u></b> Resident #4- In the May 2023 medication administration record (MAR) transcribed to discontinue multivitamin with folic acid and bisacodyl 10 mg on 5/15/23; however, there were no documented evidence of physician order to discontinue the aforementioned medications.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<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><b><u>FINDINGS</u></b> Resident #4- In the May 2023 medication administration record (MAR) transcribed to discontinue multivitamin with folic acid and bisacodyl 10 mg on 5/15/23; however, there were no documented evidence of physician order to discontinue the aforementioned medications.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>When obtaining any new order for medication changes, I will have the PCP sign the Physician's Order Form and an updated MAR to ensure that all the resident's documents are matching.</p>	05/23/24

Licensee's/Administrator's Signature:  \_\_\_\_\_

Print Name: Angelica Salom, RN

Date: Jun 20, 2024