

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 Ulua'oa Street, Kailua-Kona, Hawaii 96740	Inspection Date: February 26, 2024 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 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).

MAR 11 2024
P 4:04

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – “Mirtazapine 75mg tablet” and “Myrbetriq 25mg tablet” were discontinued on 1/24/2024. No documented evidence of a discontinue medication order signed by a physician on file.</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>Yes.</p> <p>I asked the Hospice nurse of resident #1 to provide me a copy of the physicians order to discontinue the mirtazapine 75mg tablet and the myrbetric 25 mg tablet. She gave me the document that I asked, signed by the physician dated January 24, 2024. I put the form in the binder of resident #1.</p> <p style="text-align: right; font-size: small;">STATE BOARD OF NURSING STATE OFFICERS</p>	<p style="text-align: center;">3/4/24</p> <p style="text-align: right;">24 MAR 18 P4:05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – “Mirtazapine 75mg tablet” and “Myrbetriq 25mg tablet” were discontinued on 1/24/2024. No documented evidence of a discontinue medication order signed by a physician on file.</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>Whenever I receive an order to discontinue a resident medication, specially if it is a telephone order, I will put a note on the bottle of the discontinued medicine to remind me that I will ask the ordering physician to give the form with the written order, signed and dated by the resident's Primary Care Physician.</p>	<p style="text-align: center;">3/4/24</p> <p style="text-align: right;">24 MAR 18 04:05 STATE OF CONNECTICUT SOUTH BRITAIN</p>

RULES (CRITERIA)	PLAN OF CORRECTION		Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident # & Resident #2 – Observed white correction tape on "Resident Physical Examination Record" dated 7/26/2023 and 11/27/2023, respectively.</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>		<p>24 MAR 18 P4:05</p>

STATE OF CONNECTICUT
DEPARTMENT OF
CORRECTIONS
STATE RECORDS

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p>FINDINGS Resident # & Resident #2 – Observed white correction tape on “Resident Physical Examination Record” dated 7/26/2023 and 11/27/2023, respectively.</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 style="text-align: center;"><i>Everytime I give forms to be signed by the physician or any body that is involve in the care of the resident, I will attach a note paper saying no white out on the information provided. I will put in the note that I will never accept the form completed if white out is used.</i></p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>	<p style="text-align: center; font-size: large;"><i>3/4/24</i></p> <p style="text-align: right; font-size: small;">24 MAR 18 P 4:05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a current inventory of belongings on file last inventory dated 10/12/2022.</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>Yes.</p> <p>I went into the room of resident #1 and did an inventory. I counted each item that was recorded during the admission. I deducted the ones that were thrown away. I also put on the record all the items that were received after the admission. Now the personal belongings of resident #1 are up-dated.</p>	<p style="text-align: center;">3/4/24</p> <p style="text-align: right;">24 MAR 18 P4:05</p>

STATE OF CONNECTICUT
DEPT. OF SOCIAL SERVICES
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a current inventory of belongings on file last inventory dated 10/12/2022.</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 will write a note saying:</p> <p>a) Record personal belongings of residents everytime discard or receive an item promptly.</p> <p>b) Inventory of resident's personal belongings will be done annually prefferrably month of December.</p> <p>c) I will attached this note in the front cover of the Care Home Binder, so that I can see it everytime I do my monthly reports</p>	<p style="text-align: center;">3/4/24</p> <p style="text-align: right;">24 APR 18 P 4:04 STATE LICENSING</p>

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

Print Name: Jessie F. Reyes

Date: 3/15/24

STATE OF CALIFORNIA
GOVERNMENT
STATE LICENSING

24 MAR 18 P4:04