

State Licensing Section

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J & A	CHAPTER 100.1
Address: 45-349 Kenela Street, Kaneohe, Hawaii 96744	Inspection Date: February 28, 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).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies</u>, (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Resident #1 and Resident #5 – No signed expanded ARCH policy in the record. Please submit a copy of the signed policies with your plan of correction (POC).</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>A copy of expanded ARCH policy was given to resident #1, signed along with PCG's signature. Please ^{see} attached copy</p> <p>a copy of expanded ARCH policy was also given to resident #5 family, signed along with PCG's signature. Corrected March 10, 2024.</p>	<p>March 8, 2024</p> <p>March 10, 2024</p> <p style="text-align: right;">24 MAR 13 P2 22</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-6802A STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Resident #1 and Resident #5 – No signed expanded ARCH policy in the record.</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>PCG + SCG #1 PCG has created ^{for} "Reminders checklists" includes a noted check off "copies of expanded ARCH policy" noted. Reminders checklists located on the front of the carehome binder, to be reviewed by PCG every month, to ensure available copies of expanded ARCH policy for expanded ARCH resident during admission process and make available for signing with family and PCG at the time of admission.</p>	<p style="text-align: right;">24 MAR 13 2024 P 2:22</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><u>FINDINGS</u> Resident #1 – No PRN indication for medications Fexofenadine (Allegra) and Saline spray medications, as noted in the medication administration record (MAR). Please clarify the medication orders with the physician and submit documentation with your POC.</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>Obtained a clarification, an indication order for the following PRN medications: Fexofenadine (Allegra) and Saline Spray medications from the PCP. Corrections are completed + noted in resident #1 medication Administration Record. Please see attached copy.</p>	<p style="text-align: right;">March 11, 2024</p> <p style="text-align: right;">24 MAR 13 P 2:22</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DOH-ORCA STATE LICENSING</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><u>FINDINGS</u> Resident #1 – No PRN indication for medications Fexofenadine (Allegra) and Saline spray medications, as noted in the medication administration record (MAR).</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>In addition PCG's, in the chart made, "Reminders Lists" will be noted word "Indication" and means for what " next to PRN medication. In the future, I, PCG myself would think the indication when as needed medication were noted as ordered by a Physician or APRN. on PCG reminder checklist, PCG will do monthly review, includes reviewing all medication orders & will notify physician right away for verification & clarification if orders for as needed medication indication are not noted.</p>	<p style="text-align: right;">24 MAR 13 2024 P 2:22</p> <p style="text-align: right; font-size: small;">STATE LICENSING</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>FINDINGS Resident #1 – Medications not reviewed and signed by the physician or APRN every four (4) months.</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; font-size: small;">STATE OF HAWAII BOB O'HARA STATE LICENSING</p>	<p style="text-align: right;">24 MAR 13 P2:21</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 – Medications not reviewed and signed by the physician or APRN every four (4) months.</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>SGC #11 has been assigned specifically for reviewing an updated medication orders on file with current PCP signature on the form no more than 4 months from the last date was signed. We, SGC #11, PCG, ensure every 25-30th of the month of every month, a completed appointments regarding quarterly medication orders review & update is obtained for my expanded ^{APCH} resident.</p>	<p style="text-align: right;">3/8/2024</p> <p style="text-align: right;">24 MAR 13 P 2:21</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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>A current inventory of money and valuables.</p> <p>FINDINGS Resident #4 – Inventory of belongings/valuables not available for review. Submit a copy of the completed inventory with your POC.</p> <p>Resident #5 – Inventory of belongings/valuables not updated since admission. Submit a copy of the updated inventory with your POC.</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>*PCG completed the inventory of belongings & valuables of resident #4 on March 4, 2024 documented according to the dates of belongings & valuables were received. Year 2020-2021 copy, we found it from his old chart & filed in his ^{resident's} chart including the current one (Year 2023). Pts. see attached copies.</p> <p>*PCG updated inventory of belongings and valuables, was completed on March 6, 2024 for resident 5. Family verified the belongings & signed the updated document. Pts. see attached copy.</p>	<p style="text-align: right;">March 12, 2024</p> <p style="text-align: right;">March 10, 2024</p> <p style="text-align: right;">24 MAR 13 P2:21</p> <p style="text-align: right;">STATE OF IOWA DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #4 – Annual tuberculosis clearance (TB) dated 10/25/23 was not signed by the physician or APRN.</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>For resident #4, PCG obtained an annual tuberculosis clearance dated given 10/25/2023 and verified on 10/27/2023. Verified & signed by the PCP. Corrected: 03/07/2024.</p>	<p>March 7, 2024</p> <p style="text-align: right;">24 MAR 13 P 2:21</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #4 – Annual tuberculosis clearance (TB) dated 10/25/23 was not signed by the physician or APRN.</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>PCGs included on my "Reminder's checklists that annual TB clearance (TB) Tests results are signed by Physician or APRN before leaving the facility or clinic. I, PCG & SCG #1 will personally make an every end of the month routine to check the reminder's checklists that before leaving the house, this form of any kind form of immunization results, which is form is done signed by PCP or APRN.</p>	<p style="text-align: right;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p> <p style="text-align: right;">24 MAR 13 P2:21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS No incident report was generated for the following incidents:</p> <ul style="list-style-type: none"> • Resident #2 5/21/23 hospitalization • Resident #3 8/22/23 hospitalization 	<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;">24 MAR 13 P 2:21</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> No incident report was generated for the following incidents:</p> <ul style="list-style-type: none"> • Resident #2 5/21/23 hospitalization • Resident #3 8/22/23 hospitalization 	<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>In the future Reminders Checklists for PCG + SCG #1 includes checking every 25 - 30th of the month. Ensure incident reports of ARCH and Expanded ARCH residents are made on the date of an event. Copy of reports will be filed in the care home binder ready for the Department's review for the annual inspection of the facility.</p>	<p style="text-align: right;">march 13, 2024</p> <p style="text-align: right;">24 MAR 13 P2 121</p> <p style="text-align: right;">STATE OF HAWAII DON SHICA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #3 – Whiteout was used on the general operational policy, and item #10 of the policy was not completed.</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>Removed an old form and replaced a new form for resident #3 and corrected Completed checks off. form item #10 for resident #3 in the general operational policy.</p>	<p>02/29/2024</p> <p>02/29/2024</p> <p style="text-align: center;">24 MAR 13 P2:21</p> <p style="text-align: center;">STATE OF CONNECTICUT DEPARTMENT OF STATE LIBRARIANSHIP</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p>FINDINGS Resident #3 – Whiteout was used on the general operational policy, and item #10 of the policy was not completed.</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>On PCG's Reminders' checklists, PCG noted not to use white out when it comes to documenting resident's records. This will be a ^{daily} routine review for both PCG + SCG #1 ensure that all the records of the residents are done accurately & readily available for the Department's review.</p>	<p style="text-align: right;">24 MAR 13 P2:21</p> <p style="text-align: right;">STATE OF KANSAS DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Permanent general register did not include Resident #3's readmission on 8/25/23.</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>On readmission ^{8/25/23}, resident #3 noted permanent general register was written on 2/29/2024</p>	<p style="text-align: right;">24 MAR 13 P2:21</p> <p style="text-align: right; font-size: small;">STATE OF NEW YORK DOR-0000A STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Permanent general register did not include Resident #3's readmission on 8/25/23.</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>PCG's admission "Reminder's checklist includes a noted check off "Copies of Permanent General Register" noted.</p> <p>"Reminder's checklists" located on the cover of the care home binder includes Permanent general register" for all residents upon admission, re admission and discharges of residents.</p> <p>PCG made a form, a form of a CHART stated "admission Reminder's checklist" automatically before or during admission, PCG will remind self to review the checklists monthly & be ready for admission.</p>	<p style="text-align: right;">24 MAR 13 P 2:21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Substitute caregiver (SCG) #1 – No documentation of twelve (12) hours of credited continuing education. Please complete 12 hours of continuing education and submit verification with your POC to be counted towards your 2024 annual inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Substitute Caregiver #1, obtained 12 hours credited continuing education on line, documented, from February 28, 29 and completed March 04, 2024, verified and then placed into carehome binder same day, March 04, 2024.</p>	<p style="text-align: right;">March 4, 2024</p> <p style="text-align: right;">24 MAR 13 P 2:20</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS Substitute caregiver (SCG) #1 – No documentation of twelve (12) hours of credited continuing education.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>PCG added 12 hours continuing educa. to the checklists, and assigned substitute caregiver #1 to review care home binder to all active substitute caregivers that a must be completed 12 hours CE's before the date of expiration.</p>	<p style="text-align: right;">March 4, 2024</p> <p style="text-align: right;">24 MAR 13 P2:20</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DOMINICA STATE LICENSING</p>

Licensee's/Administrator's Signature: Susan B. Bondoc

Print Name: SUSAN B. BONDOC

Date: 3/13/2024

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

24 MAR 13 P2:20