

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jaja ARCH	CHAPTER 100.1
Address: 1459 Kaleilani Street, Pearl City, Hawaii 96782	Inspection Date: April 8, 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>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – No indication on April 2024 medication administration record (MAR) if physician-ordered medications administered to, refused by, or not given to the resident from April 4, 2024 to April 7, 2024.</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;">24 APR 22 11:51</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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>FINDINGS Resident #1 – No documented evidence of a current annual physical examination clearance from a physician or APRN on file for departmental review.</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 style="text-align: center;"><i>Did call the doctor's office for appointment for residents annual P.E. Get 04-10-24. the available time and date to see her (resident #1) in on May 14, 2024.</i></p> <p style="text-align: center;"><i>Get a copy of P.E, inserted.</i></p>	<p style="text-align: center;"><i>05/16/24</i></p> <p style="text-align: right; font-size: small;">24 NOV 20 PM 16</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #4 & Resident #5 – No documented evidence of a current inventory of belongings on file.	<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 style="text-align: center;"><i>already been corrected, the inventory of belongings for these two residents #4 & #5 was done, now is on file.</i></p>	<p style="text-align: center;"><i>04/17/24</i></p> <p style="text-align: right;"><i>24 APR 27 P 2:19</i></p>

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<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 #4 & Resident #5 – No documented evidence of a current inventory of belongings 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 style="text-align: center;"><i>as a reminder for all caregivers, I will write down on the calendar for annual inventory to be done every after Christmas for every resident, in the future</i></p>	<p style="text-align: center;"><i>05-16-24</i></p> <p style="text-align: right;"><i>24 MAY 20 11:16</i></p>

Licensee's/Administrator's Signature: Agnes Tabangura

Print Name: AGNES TABANGURA

Date: 05-16-24

Licensee's/Administrator's Signature: Agnes Tabangura

Print Name: AGNES TABANGURA

Date: 04/17/24