## Office of Health Care Assurance

## **State Licensing Section**

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jaychat Adult Residential Care Home	CHAPTER 100.1
Address: 99-314A Eke Place, Unit 2, Aiea, HI 96701	Inspection Date: May 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
\$11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions.  FINDINGS Noted expired canned good in the pantry.	PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  11-100 1-14   checked pantry immediately and removed all the expired items.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions.	PART 2 <u>FUTURE PLAN</u>	8/7/24
FINDINGS Noted expired canned good in the pantry.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	11-100.1-14 I as PCG, will create a monthly calendar to check pantry to make sure all food supplies shall be procured, stored, prepared and served under sanitary conditions.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (f)(4) General rules regarding records:	PART 1	
All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.		
FINDINGS Resident #2 – Emergency information sheet was not updated to reflect the correct diet, "Regular, easy to chew, thin liquids."  Corrected - evidence received following the inspection		
	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (f)(4) General rules regarding records:	PART 2	8/7/24
All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.  FINDINGS  Resident #2 – Emergency information sheet was not updated to reflect the correct diet, "Regular, easy to chew, thin	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  11-100.1-17 The emergency information will be	
liquids."	updated as soon as there is a changes in Resident's information such as diet, etc. I as PCG will be using check list and phone reminder.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-88 Case management qualifications and services. (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:  Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of thepanded ARCH resident mi's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;  FINDINGS  Resident #1 - Current care plan does not reflect the correct diet, "Regular."  Submit documentation of the revised care plan with your plan of correction (POC).	PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  11-100.1-88   called case manager 5/28/24 and informed him to update service plan specifically diet order to reflect doctor's order and what I currently implementing.	5/28/24

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-88 Case management qualifications and services. (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:  Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment 6, the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;  FINDINGS  Resident #1 — Current care plan does not reflect the correct diet, "Regular."	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  11-100.1-88   will notify and remind the case manager to update service plan for any changes.   will be creating a reminder to my phone immediately as soon as there is a changes to remind case manager.	8/7/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
(c)(2) Case management resident shall be surrogate in collar physician or API  Develop an interfer resident within for expanded ARCH admission. The admission of the shall address the recreational, dentered of the resident be provided to the include, but not be orders of the expanded for the expanded for the resident; so services required needs; and the natinterventions or so resident;  FINDINGS Resident #1 — Curintervention to obtain the shall be supported to the provided to the include, but not be orders of the expanded for th	ase management qualifications and services.  In services for each expanded ARCH chosen by the resident, resident's family or aboration with the primary care giver and RN. The case manager shall:  Im care plan for the expanded ARCH corty eight hours of admission to the and a care plan within seven days of care plan shall be based on a comprehensive expanded ARCH resident's need and medical, nursing, social, mental, behavioral, al, emergency care, nutritional, spiritual, ds of the resident and any other specific ent. This plan shall identify all services to be expanded ARCH resident and medication anded ARCH resident's physician or le goals and outcomes for the expanded specific procedures for intervention or to meet the expanded ARCH resident's mes of persons required to perform to meet the expanded ARCH resident's mes of persons required to perform to meet the expanded ARCH resident's mes of persons required to perform to meet the expanded by the expanded ARCH resident's mes of persons required to perform the ervices required by the expanded ARCH resident's mes of persons required to perform the ervices required by the expanded ARCH resident's mes of persons required to perform the ervices required by the expanded ARCH resident's mes of persons required to perform the ervices required by the expanded ARCH resident's mes of persons required to perform the ervices required by the expanded ARCH resident's mes of persons required to perform the ervices required by the expanded ARCH resident's mes of persons required to perform the ervices required by the expanded ARCH resident's mes of persons required to perform the ervices required by the expanded ARCH resident's mes of persons required to perform the ervices required to perform t	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  11-100.1-88 I called Case manager to update service plan regarding on how to get appropriate intervention to obtain weight measurements accurately. He change service plan 5/31/24.	5/31/24

RULES (CRITEI	RIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-88 Case management qualitic)(2) Case management services for each expresident shall be chosen by the resident surrogate in collaboration with the prin physician or APRN. The case managed Develop an interim care plan for the expresident within forty eight hours of admexpanded ARCH and a care plan within admission. The care plan shall be base 25_25_25_ment of the expanded ARCH resishall address the medical, nursing, soci recreational, dental, emergency care, not rehabilitative needs of the resident and need of the resident. This plan shall ide be provided to the expanded ARCH resident orders of the expanded ARCH resident APRN, measurable goals and outcomes ARCH resident; specific procedures for services required to meet the expanded needs; and the names of persons required interventions or services required by the resident;  FINDINGS  Resident #1 — Current care plan does not intervention to obtain weight measurem Resident is bedbound and unable to use	panded ARCH a, resident's family or hary care giver and r shall:  panded ARCH hission to the hission and comprehensive dent's needs and al, mental, behavioral, hirritional, spiritual, hany other specific entify all services to hident and shall his and medication his physician or hor the expanded hintervention or harch resident's his do perform he expanded ARCH his address appropriate his address appropriate his address appropriate his address appropriate	PART 2  FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  11-100.1-88 I will be notifying and reminding Case Manager to update service plan including appropriate intervention to obtain weight measurements accurately. I will be using phone reminders that will alarm during meeting with case manager that indicates what need to be updated in the service plan.	8/7/24

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Jaychat Gamiao
07/26/2024
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Jaychat Gamiao
Aug 7, 2024