

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Juanita's	CHAPTER 100.1
Address: 1902 Palamoi Street, Pearl City, Hawaii 96782	Inspection Date: June 6, 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>§11-100.1-2 <u>Definitions</u>. As used in this chapter: "Licensed capacity" means the number of residents and the type of residents permitted by the director, pursuant to these rules and chapter 321, HRS, in a particular ARCH or expanded ARCH, and so stated on the particular ARCH's or expanded ARCH's license.</p> <p><u>FINDINGS</u> Resident #1 is wheelchair dependent and occupying bedroom #3. Bedroom #3 is licensed for "ambulatory only" residents.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Moved Resident #1 to bedroom #2, which is wheelchair approved on June 10, 2024.</p>	<p>6/10/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-2 <u>Definitions</u>. As used in this chapter: "Licensed capacity" means the number of residents and the type of residents permitted by the director, pursuant to these rules and chapter 321, HRS, in a particular ARCH or expanded ARCH, and so stated on the particular ARCH's or expanded ARCH's license.</p> <p><u>FINDINGS</u> Resident #1 is wheelchair dependent and occupying bedroom #3. Bedroom #3 is licensed for "ambulatory only" residents.</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 the future, I will not put wheelchair residents in Bedroom #3 because the room is not wheelchair approved. To remind me, I will put a note on my care home binder stating that only bedrooms #1 and #2 are wheelchair approved. I will refer to this note before admitting wheelchair residents.</p>	<p>6/25/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Refrigerated medications were not stored in a separate locked container in the refrigerator.</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>Purchased a container with lock and secured the medications inside and placed in refrigerator.</p>	<p>6/12/24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Refrigerated medications were not stored in a separate locked container in the refrigerator.</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>All medicines that require to be refrigerated will be properly stored and labeled in a locked container in the fridge separate from the food. I will check the container everyday to ensure it's secured. I will train my SCGs to follow the same procedure.</p>	<p>6/25/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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 – Conflicting medication orders as follows:</p> <ul style="list-style-type: none"> • Medication list (signed by physician) dated 2/2/4 shows Enulose 10g/15ml take <u>30 ml</u> po 2 times/day as PRN for constipation AND Enulose 10g/15ml take <u>15 ml</u> po 2 times/day as PRN for constipation • Medication list (signed by physician) dated 2/2/4 shows Senna 8.6 mg 2 tabs po <u>every evening</u> for constipation AND Senna 8.6 mg 2 tabs <u>AS NEEDED</u> for constipation. <p><i>Please clarify the order with the physician and submit documentation with your plan of correction (POC).</i></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>I clarified the order with the physician on 6/21/24 as follows:</p> <ul style="list-style-type: none"> • Enulose 10mg/ml give 30ml po 2x/day PRN for constipation • Senna 8.6 mg 2 tabs po Qpm and Senna 8.6 mg 2 tabs po QD PRN for constipation <p>I wrote the clarified orders on the MAR (June 2024) as soon as the new orders received.</p>	<p>6/21/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 – Conflicting medication orders as follows:</p> <ul style="list-style-type: none"> • Medication list (signed by physician) dated 2/2/4 shows Enulose 10g/15ml take <u>30 ml</u> po 2 times/day as PRN for constipation AND Enulose 10g/15ml take <u>15 ml</u> po 2 times/day as PRN for constipation • Medication list (signed by physician) dated 2/2/4 shows Senna 8.6 mg 2 tabs po <u>every evening</u> for constipation AND Senna 8.6 mg 2 tabs <u>AS NEEDED</u> for constipation. 	<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>Before leaving the doctor's office, I will review the physician's notes particularly the list of medications and clarify with the physician right away if there are inconsistencies with the orders. I will also check my MAR and review to make sure the medication orders match the physician orders. I will train my SCG to review the medication orders too before giving the medications and if there are discrepancy to let me know right away so I can call the doctor for clarification.</p>	6/25/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – Plan of care and schedule of activities were not updated/ revised to reflect current care/needs. For example, the schedule indicated walking, however, resident is bedbound and wheelchair dependent. <i>Submit a copy of the revised Plan of Care with your plan of correction (POC).</i></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>Plan of care and schedule of activities have been updated and revised to reflect Resident #1 current needs on 6/11/24.</p>	<p>6/11/24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – Plan of care and schedule of activities were not updated/ revised to reflect current care/needs. For example, the schedule indicated walking, however, resident is bedbound and wheelchair dependent.</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>Every time there's a change of medical condition or status of the resident I have to review and update the plan of care/schedule of activities to reflect current needs. I have created a checklist that includes updating the plan of care form and this checklist is located in my care home binder. I shall refer to this checklist every time I need to document any changes in resident's condition and marked off when completed.</p>	<p style="text-align: center;">6/25/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 - Care plan was not updated to include the following:</p> <ul style="list-style-type: none"> • Change in mobility status from ambulatory to bedbound/wheelchair bound and increases assistance with ADLs. • Vest restraint use while up in wheelchair to avoid sliding • Risk for bleeding due to routine intake of NSAID (Aspirin) <p><i>Submit documentation of the revised care plan with your POC.</i></p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I called the RN C Mon 6/11/24 to update the care plan. Copy of the updated care plan received from the C Mon 6/25/24.</p>	<p>6/25/24</p>

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☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 - Care plan was not updated to include the following:</p> <ul style="list-style-type: none"> • Change in mobility status from ambulatory to bedbound/wheelchair bound and increases assistance with ADLs. • Vest restraint use while up in wheelchair to avoid sliding • Risk for bleeding due to routine intake of NSAID (Aspirin) 	<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>Every time there's a change in condition of the resident, new orders and treatments, I will update the RN CM right away to come and assess the resident and update the care plan. I will then document this in the resident's progress notes.</p> <p>I will develop a checklist of what is needed for my expanded resident when there's a change in condition:</p> <ul style="list-style-type: none"> • Call the physician • Call the case manager to assess the resident • Have the CM update the care plan • Review the care plan with the CM • Document in progress notes <p>I will keep this checklist in my care home binder and refer to this list when need to.</p>	6/25/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) 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:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1 – Documentation of face-to-face contact made by RN case manager from April-June 2024 unavailable for review.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) 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:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p>FINDINGS Resident #1 – Documentation of face-to-face contact made by RN case manager from April-June 2024 unavailable for review.</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 develop a checklist of what is needed from the case manager, such as the monthly face-to-face contact documentation. I will inform the CM of this requirement and to give me a copy of the documentation in a timely manner. The CM should be filing the previous month's visit note during the following month's visit.</p> <p>When the copy is obtained, I will keep this in the resident's binder.</p>	6/25/24

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) 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:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 - No documentation that CM performed a comprehensive assessment following a change in mobility status from ambulatory to bedbound/wheelchair-bound and increased assistance with ADLs. <i>Submit documentation of the CM reassessment with your POC.</i></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>I called the RN, CMon 6/11/24 to complete the comprehensive assessment for Resident #1. Copy of the assessment received from the CMon 6/25/24.</p>	<p style="text-align: center;">6/25/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) 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:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 - No documentation that CM performed a comprehensive assessment following a change in mobility status from ambulatory to bedbound/wheelchair-bound and increased assistance with ADLs.</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 develop a checklist of what is needed from the case manager, such as the comprehensive assessment documentation. I will inform the CM of this requirement and to give me a copy of the documentation in a timely manner.</p> <p>When the copy is obtained, I will keep this in the resident's binder.</p>	6/25/24

Licensee's/Administrator's Signature:

Juanita Fajardo

Print Name:

Juanita Fajardo

Date:

06/25/2024