

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Josie's Ohana	CHAPTER 100.1
Address: 1388 Haloa Drive, Honolulu, Hawaii 96818	Inspection Date: April 22, 2025 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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Records show Substitute Care Giver (SCG) #2 and SCG #4 completed attestation screening on 3/17/25; however, no record of positive TB test and/or recent CXR. <i>Submit a copy with your plan of correction (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>SCG #2 Went to Minute pharmacy for appointment 5/7/2025 read on 5/9/2025 - negative</i></p> <p><i>SCG #4 Went to 5/18/2025 to minute pharmacy for skin test + read on 5/20/25 - negative copy submitted</i></p>	<p>5/21/2025</p> <p><i>[Signature]</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Records show SCG #2 and SCG #4 completed attestation screening on 3/17/25; however, no record of positive TB test and/or recent CXR.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Reminder:</i> <i>All make a checklist of what required forms for the annual TB clearance. Remind my SCG one month before my inspection.</i></p>	<p><i>7/16/25</i> <i>[Signature]</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (c)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS SCG #2 and SCG #3 -No Primary Care Giver (PCG) training to make medications available. Submit a copy with your plan of correction (POC).</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>SCG # 1 is only a household member & not SCG; working outside not in the 'care home' But he had an educational in-service.</p> <p>SCG # 3 has been trained on May 10, 2025</p>	<p>May 21/2025</p> <p><i>[Signature]</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) 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 was obtained for the following PRN medications:</p> <ul style="list-style-type: none"> Lactulose 10 gm / 15ml solution 30 ml once a day PRN, ordered on 2/14/25 Risperidone 0.25mg tab take 1/2 tab po BID PRN, ordered on 2/8/25 <p>Submit a copy of the physician's order with your POC.</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>Resident #1 NO order lactulose in case she cannot have BM 3 to 4 days. Since she has a regular BM everyday lactulose was not given. Lactulose was documented only "as needed" on after visit summary on 2-18-2025.</i></p> <p><i>Risperidone is also "as needed" on doctors order + PRN indication was obtained on 5/10/25 from PCP. attached</i></p>	<p><i>5/21/2025</i></p> <p><i>5/21/2025</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – The following medications did not appear on February 2025 Medication Administration Record (MAR).</p> <ul style="list-style-type: none"> • Metoprolol Tartrate 25 mg $\frac{1}{2}$ tab po daily if BP>110 pulse over 60, ordered on 2/8/25 • Lactulose 10 gm 15ml solution 30 ml once a day PRN, ordered on 2/12/25 • Ferrous Gluconate 324 mg (38 Fe) take 1 tab po QID, ordered on 2/18/25 	<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>§11-100.1-15 <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- Time and injection site of insulin administration not indicated in MAR.</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>Time and injection site of insulin administration is now indicated on newly Meds chart.</i></p>	<p>5/21/25 <i>[Signature]</i></p>

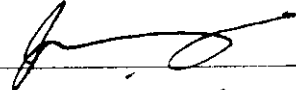
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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered:</p> <p><u>FINDINGS</u> Resident #1 – Fluid restriction (FR) 1500 ml (6-7 cups) per day ordered on 2/26/25, but no documentation FR is being monitored documented. <i>Submit proof of correction 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>Fluid restriction has been applied since 2/26/2025 of 6-7 cups of fluids per day</i></p>	<p>5/21/2025 <i>[Signature]</i></p>

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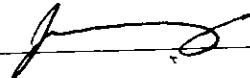
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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided:</p> <p>FINDINGS Resident #1 - RN case manager has not been evaluating or monitoring caregivers' skills and competency and quality of services being provided as evidenced by:</p> <ul style="list-style-type: none"> No documentation of fluid intake being monitored due to 1500 ml/day fluid restrictions Time and site of insulin administration not documented Multiple incorrect administrations of Metoprolol order 	<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>Flow sheet created to show amount of fluid taken daily</i> <i>Flow sheet created to show time & site of insulin administration.</i> <i>RN CM had CHU add "hold" (hold) on the day Metoprolol wasn't given since admission.</i></p>	<p><i>5/20/25</i> <i>Jr</i></p>

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Licensee's/Administrator's Signature: 

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Print Name: JOSEFINA V. RODRIGUES
Date: 7/16/2025