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 27, 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
\$11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; FINDINGS Resident #1 - RN training to staff (PCG and SCGs) to administer topical medications unavailable for review. Submit a copy with your plan of correction.	PLAN OF CORRECTION PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	_

§11-100.1-83 Personnel and staffing requirements. (1) PART 2	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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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 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 intervention includes: toileting every 2-3 hours, use of walker when ambulating, and 1 person assist when ambulating, but the resident is nonambulatory and incontinent of both bladder and bowel. Submit the revised care plan with your POC.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
Case mare resident surrogate physicial physicial physicial physicial development of the compression of the care of	nagement services for each expanded ARCH shall be chosen by the resident, resident's family or e in collaboration with the primary care giver and n or APRN. The case manager shall: an interim care plan for the expanded ARCH within forty eight hours of admission to the d ARCH and a care plan within seven days of on. The care plan shall be based on a tensive assessment of the expanded ARCH is needs and shall address the medical, nursing, mental, behavioral, recreational, dental, emergency critional, spiritual, rehabilitative needs of the and any other specific need of the resident. This li identify all services to be provided to the d ARCH resident and shall include, but not be on, treatment and medication orders of the expanded esident's physician or APRN, measurable goals and the for the expanded ARCH resident; specific the expanded ARCH resident; specific the darked resident's needs; and the names of persons to perform interventions or services required by the darked resident; IGS ##1 — Current care plan intervention includes: every 2-3 hours, use of walker when ambulating, rson assist when ambulating, but the resident is allatory and incontinent of both bladder and bowel.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
Case management services for resident shall be chosen by the surrogate in collaboration with physician or APRN. The case Develop an interimediate resident within forty eight the expanded ARCH and a care admission. The care plan shall address the medical, nubehavioral, recreational, denspiritual, rehabilitative needs specific need of the resident services to be provided to the shall include, but not be limit orders of the expanded ARCH APRN, measurable goals an ARCH resident; specific proservices required to meet the needs; and the names of persinterventions or services required to meet the needs; and the names of persinterventions or services required to meet the needs; and the names of persinterventions or services required to meet the needs; and the names of persinterventions or services required to meet the needs; and the names of persinterventions or services required to meet the needs; and the names of persinterventions or services required to meet the needs; and the names of persinterventions or services required to meet the needs; and the names of persinterventions or services required to meet the needs; and the names of persinterventions or services required to meet the needs; and the names of persinterventions or services required to meet the needs; and the names of persinterventions or services required to meet the needs; and the names of persinterventions or services required to meet the needs; and the names of persinterventions or services required to meet the needs; and the names of persinterventions or services required to meet the needs; and the names of persinterventions or services required to meet the needs; and the names of persinterventions or services required to meet the needs; and the names of persinterventions or services required to meet the needs; and the names of persinterventions or services required to meet the needs; and the names of persinterventions or services required to meet the needs; and the names of persinterventions or services required to meet the needs; and the names of	the resident, resident's family or ith the primary care giver and see manager shall: In for the expanded ARCH purs of admission to the plan within seven days of all be based on a comprehensive ARCH resident's needs and arsing, social, mental, tal, emergency care, nutritional, is of the resident and any other. This plan shall identify all the expanded ARCH resident and ted to, treatment and medication in the resident's physician or indicated to outcomes for the expanded cedures for intervention or expanded ARCH resident's sons required to perform the expanded ARCH in th	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-88 Case management qualifications and services. (c)(3) 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: Review the care plan monthly, or sooner as appropriate; FINDINGS Resident #1 – Documentation of face-to-face contact made by RN case manager for May 2025 unavailable for review. Submit a copy with your POC.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature:
Print Name:
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Date: