Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fuji Japan Care Home LLC	**CHAPTER 100.1**
Address: **134 Hoopiha Place, Wahiawa, Hawaii 96786**	**Inspection Date: November 19, 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
☒	§11-100.1-9 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. **FINDINGS** Substitute Care Giver (SCG) #1, #2 and #3 – Annual tuberculosis clearance not signed by a physician or APRN.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I went to the doctor's office and gave them TB Document F : State of Hawaii TB clearance form to be signed by physician or APRN.	11/22/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Substitute Care Giver (SCG) #1, #2 and #3 – Annual tuberculosis clearance not signed by a physician or APRN.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will double check and make sure every staff gets a TB clearance signed by a physician or APRN. I will create a list of all care givers, which includes their required clearances. I will review this list quarterly to ensure all clearances are available and up to date. I have put a reminder on my phone calendar to review this list and accompanying documents on the first day of January, April, July, and October.	02/15/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1 – Monthly progress notes do not include observations of the resident's response to medications.	**PART 1** **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. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1 – Monthly progress notes do not include observations of the resident's response to medications.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** From now on, I will check the progress notes to see if anything is missing or if more details need to be added. I had an in-service with all substitute care givers regarding what is required on monthly progress notes. Now, at the end of each month, after the PCG finishes the monthly progress notes, a SCG will double check them to ensure they are complete, accurate, and contain all the required information. A monthly checklist has been created which includes having someone double check them. This list will be checked on the beginning of the month, and a reminder has been set in my phone calendar to do so.	02/15/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 – Problems identified on the case manager's monthly monitoring assessment since 6/12/2024 include: risk for impaired skin integrity and risk for aspiration; however, the care plan does not identify the aforementioned as problems with specific goals and/or interventions.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I notified the case manager of this deficiency. The case manager reviewed and updated the care plan and is now in the chart for review.	11/27/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 – Problems identified on the case manager's monthly monitoring assessment since 6/12/2024 include: risk for impaired skin integrity and risk for aspiration; however, the care plan does not identify the aforementioned as problems with specific goals and/or interventions.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will review the care plan with the case manager upon admission and monthly to ensure accuracy. And I can create a sheet in which I and the case manager sign off that the care plan has been reviewed each month. I can let the case manager know that I will be reviewing the care plan prior to CM leaving each month, and that both of us can sign off on this sheet which should ensure the care plan has been reviewed. I will inform the CM not to leave until I had a chance to review it and both have signed off. This way, I and the CM will be responsible to ensure that the care plan has been reviewed, and that it's accurate.	02/15/2025

Licensee's/Administrator's Signature: _____

Print Name: Chieko Riccio

Date: Nov 30, 2024

Licensee's/Administrator's Signature: _____

Print Name: Chieko Riccio

Date: Feb 16, 2025