Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fuji Japan Care Home	**CHAPTER 100.1**
Address: **137 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 and #2 – 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 and #2 – 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?** In the future I will make sure all staff get TB clearance signed by a physician or APRN. I will mention to all staff, and use the DOH TB documentation in the future. From now on, I will create a list of all care givers, which includes their required clearances. I will reviews 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 5th of January, April, July, and October.	02/17/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #2 – No annual diet order available.	**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 on November 23, 2024 and asked what type of diet order is needed, and got "regular " diet order proper documentation of diet order, including signature. I added it to the binder.	02/17/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #2 – No annual diet order available.	**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 created a checklist with detailed requirements of all documents. I will audit 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 5th of January, April, July, and October.	02/17/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #1 – Medication order for Diltiazem = 180 mg po qd, hold for blood pressure <100/60. Medication label does not include hold parameters as ordered.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I put sticker "Directions changed refer to chart" on medication label and added "hold for blood pressure < 100/60. Also I requested doctor to add parameters instructions for next medication order.	11/22/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #1 – Medication order for Diltiazem = 180 mg po qd, hold for blood pressure <100/60. Medication label does not include hold parameters as ordered.	**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 audit the medication log quarterly to ensure all records and instructions are up to date. I have put a reminder on my phone calendar to review this and other accompanying documents on the 5th of January, April, July, and October. I will also add a reminder to keep all information up to date. I will also ask doctor to include parameters as ordered, and if they can't, will add a note to reder to chart on the medicine label myself.	02/17/2025

Licensee's/Administrator's Signature: _____

Print Name: Chieko Riccio

Date: Nov 30, 2024

Licensee's/Administrator's Signature: _____

Print Name: Chieko Riccio

Date: Feb 17, 2025