

Office of Health Care Assurance

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII  
DUH-GHCA LICENSING

|   |  |
|---|--|
| Facility's Name: Hawaii Kai ARCH                      | CHAPTER 100.1                            |
| Address:<br>308 Kuliouou Road, Honolulu, Hawaii 96821 | Inspection Date: February 9, 2015 Annual |

|                                     | Rules (Criteria)  | Plan of Correction  | Completion Date |
|-------------------------------------|---|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (a)<br/>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.</p> <p><b>FINDINGS</b></p> <div style="background-color: black; width: 100%; height: 40px;"></div> | <p>ORDER RECEIVED 2-11-2015.<br/>DR. CHANGED THE ORDER.<br/>IN THE FUTURE, I WILL CHECK THE LABEL BEFORE LEAVING THE PHARMACY TO MAKE SURE THE LABEL &amp; ORDER MATCH. IF ORDER CHANGED DR. CHANGE LABEL ON BOTTLE</p> | <p>3-2-15</p>   |
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (k)<br/>Medication errors and drug reactions shall be reported immediately to the physician or APRN responsible for the medical care of the client and shall document observations</p>  |   |                 |

|  | Rules (Criteria)   | Plan of Correction  | Completion Date |
|--|--|---|-----------------|
|  | and action taken in the resident's record.<br><br><b>FINDINGS</b><br> | IN THE FUTURE, I WILL DOUBLE CHECK TO MAKE SURE THE RESIDENT IS RECEIVING THE PROPER DOSE AND DOUBLE CHECKED BY MY SUB- <del>SG</del> . | 3-2-15          |

Licensee/Administrator's Signature:

Print Name:

Date: 3-2-2015