

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
 HEALTH CARE LICENSING

15 JUN -2 12:01

RECEIVED

Facility's Name: MIVA ARCH	CHAPTER 100.1
Address: 87-158 Kaukamana Street, Waianae, Hawaii 96792	Inspection Date: April 29, 2015 Annual

	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>FINDINGS [REDACTED]</p>	<p>[REDACTED]</p> <p><i>In the future, En Adm. will require all SCS & PAs to provide documentation to prove a step TB test done</i></p>	5/31/2015
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS [REDACTED] no first aid certification.</p>	<p>[REDACTED]</p> <p><i>In the future PAs & SCS must comply the requirements & currently certified.</i></p>	5/31/2015

<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS Medication cabinet left unlocked.</p>	<p><i>In the future, an Adm. will daily remind PAB/SCG to have medication cabinet locked at all times.</i></p>	<p>5/31/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS</p> <p>1) [REDACTED]</p> <p>2) [REDACTED]</p>	<p>[REDACTED]</p> <p><i>in the future physician order should match with label of the medication.</i></p> <p>2) [REDACTED]</p>	<p>5/31/2015</p>
<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>FINDINGS</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p><i>In the future PCP & RN must carefully check order & MAR together.</i></p> <p><i>In the future as RN or PCP will properly be check & transcribed to the medication record.</i></p>	<p>5/31/2015</p>

	[REDACTED]		
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p>FINDINGS [REDACTED] resident possessions list not updated since 2011.</p>	<p><i>This finding for will remind PAs to make inventory 5 year if residents belongings, money as required & all records be updated</i></p>	<p><i>5/31/2015</i></p>

Licensee/Administrator's Signature: [REDACTED]

Print Name: [REDACTED]

Date: 5-31-2015

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Licensee/Administrator's Signature:

Print Name:

Date:

[REDACTED SIGNATURE AND NAME]

7 - 19 - 2015

UNACCEPTABLE PLAN OF CORRECTION (UPOC) NOTICE

State Licensing Section

Jane Gante

MIVA ARCH

July 8, 2015

Corrected on: July 19, 2015

CORRECTIONS:

1. The RN Adm corrected this deficiency by not allowing any SCG or PCG to work until they have completed their 2-step TB skin test with proper documentation. The RN Adm requires all SCG & PCG to provide this document to prove that the 2-step TB test was done. By doing so, this ensures that our patients are safe and prevents the spread of tuberculosis.
2. The RN Adm will prevent a similar deficiency from recurring by not allowing any SCG or PCG to work until they are first aid certified with proper documentation. The RN Adm requires all SCG & PCG to provide this document to meet the requirements of being a SCG/PCG. By doing so, this ensures that our patients are safe and SCG/PCG are prepared in case of emergency.
3. The RN Adm & PCG corrected this deficiency by reviewing the physician's order carefully, asking the physician any questions, concerns, or clarification about the medication. The RN needs to make sure that before picking up the medication in the pharmacy, the labels need to match up with the physician's order. If there are any concerns or confusion, the RN Adm needs to call the physician immediately for clarification. In the progress notes, the RN Adm will document that the doctor was notified for the clarification of the order.
4. The RN Adm or PCG will properly check and double check that the physician orders are transcribed on to the medication record right away. Once the order is received, RN Adm or PCG carefully reviews it and the medication order is transcribed immediately to the medication record. If there are any questions, concerns, or confusion the RN Adm or PCG will call the physician for clarification.
5. The RN Adm and PCG have corrected this deficiency by keeping a record of inventory for each resident and their belongings, possessions, and money each week. By constantly checking and maintaining a record of inventory, we lessen the chances of theft, lost possessions, and confusion. If any confusion, theft, or lost possession occurs, RN Adm or PCG can refer to the record of inventory.