

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Scott ARCH	CHAPTER 100.1
Address: 94-1077 Kahuanui Street, Waipahu, Hawaii 96797	Inspection Date: August 3, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b>FINDINGS</b> Upstairs refrigerator has no thermometer.</p>	<p>PURCHASED A REFRIGERATOR THERMOMETER ON 8-4-15.</p> <p>IN THE FUTURE, I WILL HAVE AN APPROPRIATE THERMOMETER AND TEMPERATURE SHALL BE MAINTAINED AT 45° OR LOWER. PLACED IN ALL REFRIGERATOR WITHIN THE HOUSEHOLD</p>	8-4-15
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><b>FINDINGS</b> Metal stem thermometer reads only hot unable to check cold temperatures.</p>	<p>PURCHASED A DIGITAL THERMOMETER ON 8-4-15.</p> <p>IN THE FUTURE, I WILL HAVE A THERMOMETER READILY AVAILABLE FOR CHECKING COLD AND HOT TEMPERATURES.</p>	8-4-15
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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</p>	[REDACTED]	8-15-15

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>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> <p>1. [REDACTED]</p> <p>2. [REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>In the future, I will double check DR's orders and pharmacy label reads correctly before administering medication to [REDACTED]</p>	<p>8-3-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (e)</u> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b></p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>In the future, I will follow all DR's orders correctly to administer [REDACTED]</p>	<p>8-3-15</p> <p>8-15-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (m)</u> All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p>	<p>[REDACTED]</p>	<p>8-15-15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b></p> <p>1. [REDACTED]</p> <p>2. [REDACTED]</p> <p>3. [REDACTED]</p>	<p>2. [REDACTED]</p> <p>3. [REDACTED]</p> <p>IN THE FUTURE, I WILL ADMINISTER ALL MEDICATIONS AS ORDERED BY DR.</p>	<p>7/7/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b>FINDINGS</b> [REDACTED] emergency data sheet not completed correctly, medication not listed on sheet.</p>	<p>[REDACTED]</p> <p>IN THE FUTURE, I WILL HAVE AN EMERGENCY DATA SHEET UPDATED AND MADE AVAILABLE TO A RECEIVING FACILITY.</p>	<p>8/15/15</p>
<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><b>FINDINGS</b> [REDACTED] inventory of resident's possessions not updated yearly. Some items updated PRN, but not all items.</p>	<p>[REDACTED]</p> <p>IN THE FUTURE, I WILL UPDATE [REDACTED] INVENTORY OF POSSESSIONS YEARLY DURING THE MONTH OF JANUARY.</p>	<p>8/13/15</p>

IN THE FUTURE, I WILL HAVE AN ACCURATE WRITTEN ACCOUNT FOR [REDACTED] MONEY AND DISBURSEMENT ON AN ONGOING BASIS.

Licensee/Administrator's Signature:         *Janet P. Scott*          
Print Name:         Janet P. Scott          
Date:         8-17-15