

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tamayo, Cres (ARCH)	CHAPTER 100.1
Address: 1075 Puolo Drive, Honolulu, Hawaii 96818	Inspection Date: July 15, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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 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>FINDINGS </p>		
<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</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS Resident [REDACTED] unsecured medications:</p> <ul style="list-style-type: none"> • [REDACTED] • [REDACTED] 		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p>FINDINGS Resident [REDACTED] no incident report:</p> <ul style="list-style-type: none"> • [REDACTED] 		
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><u>FINDINGS</u> Resident [REDACTED]</p> <ul style="list-style-type: none"> Resident Financial Statement signed; however, not dated. 		

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____