

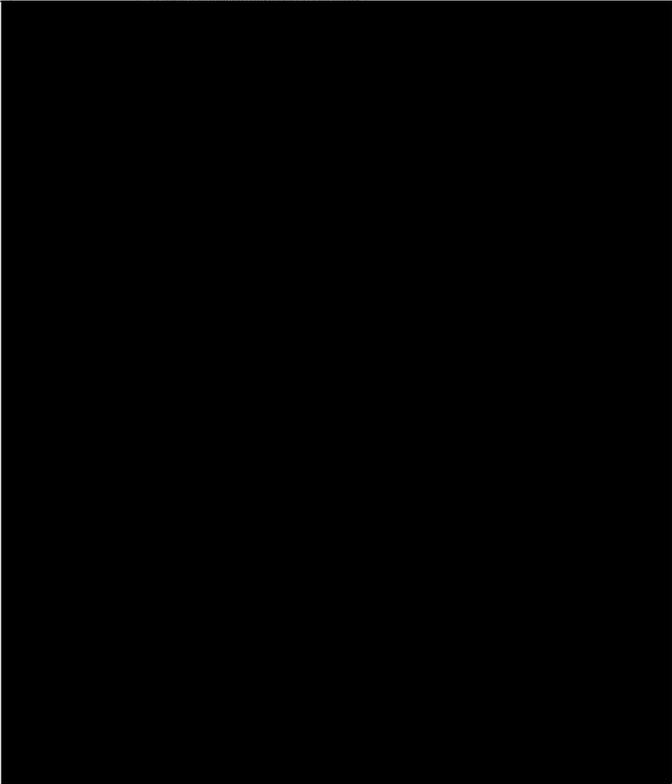
Office of Health Care Assurance

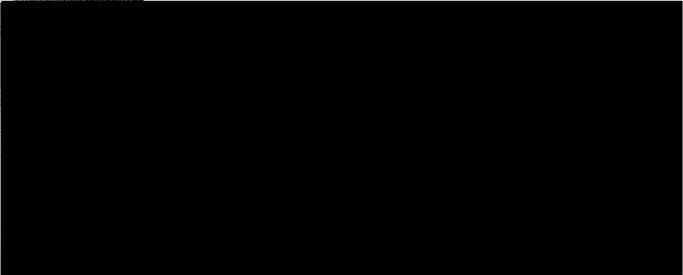
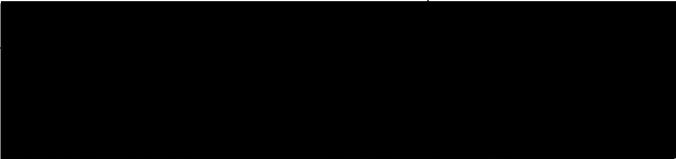
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc in Hawaii – Lusitana B (DDDH)	CHAPTER 89
Address: 1660 B Lusitana Street, Honolulu, Hawaii 96813	Inspection Date: November 3, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(4) Medications:</p> <p>All poisons shall be plainly labeled and stored separately in a locked cabinet.</p> <p><u>FINDINGS</u> Pine-Sol was found unsecured in the laundry area.</p>	LEFT BLANK INTENTIONALLY	
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u></p>	LEFT BLANK INTENTIONALLY	

	Rules (Criteria)	Plan of Correction	Completion Date
		LEFT BLANK INTENTIONALLY	
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be submitted to the case manager within twenty-four hours from the time of the incident and shall be retained by the facility under separate cover, and shall be made available to the</p>	LEFT BLANK INTENTIONALLY	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>department and other authorized personnel. The resident's physician shall be called immediately if medical care is necessary.</p> <p>FINDINGS</p> 	SEE ATTACHMENT #1	
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (e) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p>FINDINGS Two thermometers in the refrigerator were at 50 degrees Fahrenheit.</p>	LEFT BLANK INTENTIONALLY	

Licensee's/Administrator's Signature

Print Name:

CHRISTINE MANNING

Date:

11/23/19

COMMENTS/ADVISEMENTS

§11-89-14 Resident Health and Safety (e)(4)

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Plan of Correction: The Pine-Sol was removed immediately and a maintenance report was submitted. A lock was installed on a cabinet that was tall enough to accommodate the homes chemicals/poisons.

Date of Completion: November 5, 2015

§11-89-14 Resident health and safety standards. (e)(12)

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Plan of Correction:

Nurse will increase her audits for this home from quarterly to monthly in order to assure that proper protocol and procedure are being followed and that records are being maintained as required. A list of corrections will be generated as needed and submitted to the home manager with a time line for completion as determined. A follow up visit by the nurse or Director of Nursing will be made to verify the corrections. Extra assistance and training will be provided as necessary. **Date of Completion:** November 13, 2015

Plan of Correction:

Nurse will increase her audits for this home from quarterly to monthly to assure that proper protocol and procedure are being followed and that records are being maintained as required. A list of corrections will be generated as needed and submitted to the home manager with a time line for completion as determined. A follow up visit by the nurse or Director of Nursing will be made to verify the corrections. Extra assistance and training will be provided as necessary. **Date of Completion:** November 20, 2015

Plan of Correction:

Home manager received in service training regarding checking physician's orders for changes and updating the medical records in a timely manner when a new order is given. Nurse will increase her audits for this home from quarterly to monthly to assure that proper protocol and procedure are being followed and that records are being maintained as required. A list of corrections will be generated as needed and submitted to the home manager with a time line for completion as determined. A follow up visit by the nurse or Director of Nursing will be made to verify the corrections. Extra assistance and training will be provided as necessary. **Date of Completion:** November 20, 2015

§11-89-14 Resident health and safety standards. (e)(12)

Page 2 cont.

Plan of Corrections: The caregiver received in service training regarding proper documentation of the PRN medication when a range of doses is indicated. Nurse will increase her audits for this home from quarterly to monthly to assure that proper protocol and procedure are being followed and that records are being maintained as required. A list of corrections will be generated as needed and submitted to the home manager with a time line for completion as determined. A follow up visit by the nurse or Director of Nursing will be made to verify the corrections. Extra assistance and training will be provided as necessary. **Date of Completion:** November 20, 2015

§11-89-18 Records and Reports. (c)

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Plan of Correction:

[REDACTED]
[REDACTED] An incident report will be written for all unusual incidents. The DOH Case Manager will be contacted by Administrative staff in a timely manner. **Date of Completion:** November 4, 2015

§11-89—19 Nutrition. (e)

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Plan of Correction: The two thermometers in the refrigerator were in working order however due to the opening and closing of the refrigerator throughout the morning, the refrigerator was unable to regulate to the necessary 45 degrees. After keeping the refrigerator closed for several hours, both thermometers were reading below 45 degrees. Temperature readings will continue on a daily basis and documented. Should the temperature read above 45 degrees for two consecutive days, a maintenance report will be submitted and the refrigerator either fixed or replaced by the facilities department. **Date of Completion:** November 3, 2015