

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

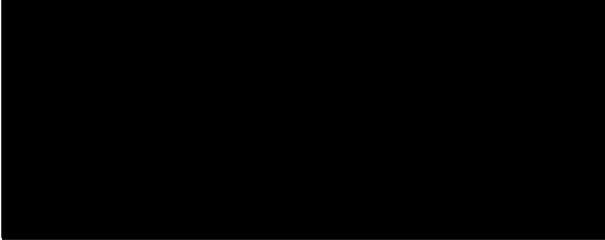
Facility's Name: Paradise ARCH	CHAPTER 100.1
Address: 86-112 Hoaha Street, Waianae, Hawaii 96792	Inspection Date: February 12, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Metal stem thermometer only measures hot.</p>	<p>DISCONTINUED THE USE OF DIGITAL THERMOMETER TO ELIMINATE THE NEED OF REPLACING EXPIRED BATTERIES AND IMMEDIATELY PURCHASED A NON DIGITAL ONE THAT MEASURES HOT/COLD FEED TEMPERATURE.</p> <p>FUTURE PLAN - CAREGIVER WILL MAKE SURE THAT A WORKING THERMOMETER IS AVAILABLE AT ALL TIMES.</p>	2/13/15
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Detergent, and bleach, unsecured in laundry area.</p>	<p>IMMEDIATELY PLACED THE LAUNDRY DETERGENT AND BLEACH IN THE LOCKED STORAGE.</p> <p>FUTURE PLAN - CAREGIVER WILL MAKE SURE THAT ALL CHEMICALS AND CLEANING AGENTS ARE RETURNED TO LOCKED STORAGE IMMEDIATELY AFTER EACH USE.</p>	2/12/15
<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>IMMEDIATELY AFTER EACH USE.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS</p> <p>[REDACTED]</p>	<p>1) UPDATED MAR FROM 1/31/15 - 1/10/15 OF RESIDENT [REDACTED] FUTURE PLAN - CAREGIVER WILL REVIEW MAR DAILY AND INSURE THAT IT IS SIGNED IMMEDIATELY AFTER ADMINISTERING MEDICATION TO RESIDENTS.</p> <p>2) VERIFIED THAT [REDACTED] WAS MADE AVAILABLE BASED ON ATTACHED ER DOCUMENT. FUTURE PLAN - CAREGIVER WILL HAVE THE STANDARD RECORD OF MEDICAL VISIT FORM SIGNED BY ER DOCTOR ON FUTURE ER VISITS</p> <p>[REDACTED]</p> <p>FUTURE PLAN - WE WERE IN THE FINAL STAGE OF STRIP PACKAGING PROGRAM OF DISPENSING MEDICATION - PLEASE SEE ATTACHED</p>	<p>[REDACTED] 2/13/15</p> <p>2/13/15²</p> <p>[REDACTED] 2/12/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>FUTURE PLAN - CAREGIVER WILL SCHEDULE ADMINISTRATION OF MEDICATION TO RESIDENTS WHEN THEY ARE WITH THE CARIVER IN AND OUTSIDE THE FACILITY. SHOULD SELF-ADMINISTRATION BECOME NECESSARY CAREGIVER WILL MAKE SURE THAT A PHYSICIAN'S ORDER IS OBTAINED AND KEPT ON FILE.</p>	<p>2/13/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p>		

11-100.1-15(1) PAGE 3

THAT ARE DISCONTINUED AS "DC" AND IMMEDIATELY REMOVE FROM MEDICATION IF POSSIBLE. ALSO DUE TO THE PHARMACY'S INABILITY TO COMPLY WITH THE REQUIREMENT OF REPLACING THE PACKAGES WHEN THERE IS A CHANGE IN MEDICATION (AS OUTLINED IN THE POLICY AND PROCEDURE) THE STRIP PACKAGING PROGRAM WAS DISCONTINUED BY THE PHARMACY. WE ARE NOW BACK TO THE OLD WAY OF BOTTLE DISPENSING.



	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS</p> <p>[REDACTED]</p>	<p>MARKED DISCONTINUED MEDICATION ON STRIP PACKAGES AS "DC"</p> <p>FUTURE PLAN - ESTABLISHED PROCEDURE (ATTACHMENT 2) TO MARK ALL MEDICATION - PLEASE SEE ATTACHED.</p>	<p>2/12/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>OBTAINED A COPY OF THE TB TEST RESULT THAT SHOWS THE TEST WAS COMPLETED PRIOR TO DATE OF ADMISSION AS STATED BY ENDORSING REPRESENTATIVES DURING ADMISSION MEETING (ATTACHMENTS)</p> <p>FUTURE PLAN - CAREGIVER SHALL NOT RELY ON VERBAL STATEMENTS BY REPRESENTATIVES WITH REGARDS TO REQUIRED P&I IMMUNIZATIONS AND WILL MAKE SURE THAT ALL PERTINENT DOCUMENTS ARE AVAILABLE PRIOR TO ADMISSION.</p>	<p>4/20/15</p>
<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</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>FUTURE PLAN - CAREGIVER WILL MAKE SURE THAT RESIDENT'S REACTION TO P&I MEDICATION AND CARE PLAN, SIDE EFFECTS, CHANGES IN BEHAVIOR WILL BE DOCUMENTED IN THE PROGRESS NOTES IN A TIMELY MANNER</p>	<p>2/13/15</p>

11-100.1-15 (3+4) e PAGE 2

DUE TO THE PHARMACY'S INABILITY TO COMPLY WITH THE PROGRAM REQUIREMENT OF IMMEDIATELY REPLACING THE STRIP PACKAGES WHEN THERE IS A CHANGE IN RESIDENT'S MEDICATION, THE STRIP PACKAGING PROGRAM WAS DISCONTINUED BY THE PHARMACY. WE ARE NOW BACK TO THE OLD WAY OF BOTTLE DISPENSING.



Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____

