

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
DEPARTMENT OF HEALTH

Facility's Name: Evelyn Valdez (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 91-1129 Kiwi Street, Ewa Beach, Hawaii 96706	Inspection Date: February 19, 2016 Annual

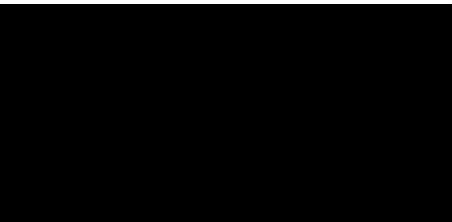
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary 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 ██ ██ ██ Orders and label do not match, medication being administered as ordered. Clarify orders with the physician.</p>	<p>see attach</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS [REDACTED] bottle of Vitamin. [REDACTED] in with medications, no order, not being administered, and not discarded.</p>	<p><i>See attach</i></p>	

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____



3/14/16

March 14, 2016

Facility's Name: Evelyn Valdez (ARCH/Expanded ARCH)

STATEMENT OF DEFICIENCIES AND PLAN OF CRRECTIONS

1. 11—100.1-15 Medications (a):

I notified the physician [REDACTED] to clarify medication orders
[REDACTED]

In the future, I will double-check the order to the pharmacy label before leaving the pharmacy. I will also train my substitute caregivers to do that same should they pick up medications at the pharmacy. Should there be any discrepancies I will clarify the medication orders with the physician.

2. 11-100.1-15 Medications (l):

The medication bottle of Vitamin [REDACTED] was discarded [REDACTED]
[REDACTED] In the future, I will assure to discard any discontinued medications immediately. I will train my substitute caregivers to do the same.

[REDACTED]