

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

APR 26 10 11 AM '16
 DIVISION OF LICENSING
 APR 23 11 08 AM '16
 CHAIRMAN

Facility's Name: Prieto, Gloria (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 3504 Likini Street, Honolulu, Hawaii 96818	Inspection Date: April 22, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident [redacted] M.D. order [redacted] discontinue [redacted] Another M.D. order [redacted] renewed [redacted] [redacted]. Medication not available for resident as ordered. Clarify order with physician(s).</p>	<p>Clarify order w/ Physician [redacted] per new ordered. In the future I will double check the ordered between both doctors to ensure the same. If not the same I will clarify the ordered w/ both doctor immediately.</p>	5/11/16
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (m) 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>FINDINGS Resident [redacted] M.D. order [redacted] discontinue [redacted].</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Another M.D. order [redacted] renewed [redacted]. Medication not on the medication administration record [redacted]. Clarify order with physician(s).</p>	<p>Clarify order w/ physician [redacted] for new orders. In the future I will double check the orders between both doctors to ensure the same. If not the same I will clarify the orders w/ both doctor immediately.</p>	<p>05/11/16</p>
<p><input checked="" type="checkbox"/></p>	<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>FINDINGS Resident [redacted] emergency data sheet incorrect, medication with current order marked as discontinued.</p>	<p>New emergency data completed [redacted]. In the future I will update always. In the future I have to train my substitute care giver to double check every 3 months to make data correct.</p>	<p>05/11/16</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. Primary care giver and Substitute Care Givers [redacted] short one (1) hour of continuing education hours due to repeat of the same subject in the same year. Submit copy of one (1) hour of continuing education for each care giver above with your plan of correction (POC). 2. Substitute Care Givers [redacted] short 12 hours of continuing education hours. Submit copies of 12 hours of continuing education for each care 	<p>[redacted]</p> <p>In the future I will check if the continuing education must be pertinent to my care home and resident.</p> <p>[redacted]</p> <p>In the future I have to double check all the substitute care giver training every 3 months to be completed.</p>	<p>05/11/16</p> <p>05/11/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	giver with your POC.		

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Licensee's/Administrator's Signature:



Print Name:

Date: 05/11/16