

Office of Health Care Assurance

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State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
 DIVISION OF LICENSING

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| Facility's Name: Lucas, Priscilla (ARCH) | CHAPTER 100.1 |
| Address: 1560 Kealia Drive, Honolulu, Hawaii 96817 | Inspection Date: January 14, 2015 Annual |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|--|---|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p>FINDINGS Thermometers in two resident refrigerators read 45°F at room temperature.</p> | <p><i>From now on a food thermometer is in place that registers and maintained between 40-45°F. a checklist is in place to ensure proper reading and food is maintained at acceptable temperature</i></p> | <p><i>1-30-15 The 2 refrigerator thermometers has been replaced and functional</i></p> |
| <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>FINDINGS No metal stem thermometer to check cold food temperature.</p> | <p><i>Finally found a digital cold thermometer</i></p> <p><i>went to six different stores but I cannot find any. Salesperson doesn't even know about it.</i></p> | <p><i>4-1-15</i></p> |
| <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><i>next page</i></p> | |

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| | <p>FINDINGS Bottle of ant killer found in resident bathroom.</p> | <p>After using any Toxic chemicals we would put back the chemical to a lock storage</p> | <p>ant killer was disposed right away 1-14-15</p> |
| <p>☒</p> | <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 shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS Unsecured [redacted] on shelf in living room.</p> | <p>From now on, all my family members' medications are kept separately and secured from the residents reach.</p> | <p>1-14-20-15 Several Advan were taken down from the shelf right away during inspection</p> |
| <p>☒</p> | <p>§11-100.1-15 <u>Medications.</u> (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 #1 No frequency and dosage recorded [redacted]</p> | <p>From now on any medicine dosage and frequency will be written on MAR-</p> | <p>Res. #1 didn't take any pain med. during those months. on MAR- documented No e/o pain Med. ordered PRN</p> |
| | <p>PEGL (Primary care giver) obtained a new Lis's order.</p> | <p>1-15-16 [redacted] Order has been re-written on MAR.</p> | |

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| <input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include: Entries describing treatments and services rendered; <u>FINDINGS</u> [REDACTED] | PCP - obtained an order from us [REDACTED] | Dr's order form will be sent soon |
| | From now on any [REDACTED] should be recorded on Physician Order sheet right away and ^{let} the PCP confirm and sign the order on the next visit. | Verbal order by Dr's. Obtain Dr's order to check [REDACTED] |
| <input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include: Entries detailing all medications administered or made available; <u>FINDINGS</u> Resident #1 The medication record did not reflect that [REDACTED] was administered [REDACTED]. | From now on after giving and client taking the medicine I'll sign the MAR right away. | 1-14-15 I was preparing for inspection at that morning I'm sure I gave [REDACTED] medicine |

Licensee/Administrator's Signature: Priscilla V. Lucas
 Print Name: PRISCILLA V. LUCAS
 Date: 4-30-15

Licensee's/Administrator's Signature: Priscilla V. Lucas
 Print Name: PRISCILLA V. LUCAS
 Date: 5-19-16. (Inspection date)
January 14, 2015