

Office of Health Care Assurance

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State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Zen Residences, L.L.C.	CHAPTER 100.1
Address: 432 Hoomalu Street, Pearl City, Hawaii 96782	Inspection Date: March 18, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS Care giver (CG) #1 physical examination (PE) not dated, unable to determine when completed. Provide copy of current PE with your plan of correction (POC).</p>	<p>CG #1 took updated PE form. In the future, after physical examination, PCG and/or SCG must check PE form that its dated and signed by the physician.</p>	<p>04/01/16</p>
<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</p>		

	<p>storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. Resident #1 progress notes state that medications are being crushed. No physician order to crush medications. Clarify with physician. 2. [REDACTED] Order and label do not match. Clarify order with physician. 3. [REDACTED] Order and label do not match. Clarify order with physician. 	<ol style="list-style-type: none"> 1. Order clarified with MD [REDACTED]. From now on, I will get an MD order if meds need to be crushed and I will write this order on the MAR. 2. Order clarified with MD [REDACTED]. From now on, PCb and SCb must check the label and verify that it matches the actual order before leaving pharmacy. 	<p>04/01/16</p> <p>04/01/16</p>
		<ol style="list-style-type: none"> 3. Order clarified with MD [REDACTED]. From now on, PCb and SCb must check the label and verify that it matches the actual order before leaving pharmacy. 	<p>04/01/16</p>
<p><input checked="" type="checkbox"/></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 Eye drops stored in refrigerator not secured in locked box.</p>	<p>Lock box purchased and eye drops were placed inside [REDACTED]. Box has a security code only known to PCb and SCb written at the care home folder. Lock box labeled "Refrigerated Medications". From now on, all medications that need refrigeration must be placed in the lock box.</p>	<p>04/12/16</p>



§11-100.1-17 Records and reports. (b)(3)

During residence, records shall include:

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;

FINDINGS

Resident #1 multiple progress notes state that PRN medication given but no entry on resident response to the medication.

In the future, progress notes must include effects of the medication given to resident. From now on, I will train my staff [redacted] to make proper entries and make sure that these notes are written and are up to date. Staff oriented [redacted]

04/07/16



§11-100.1-83 Personnel and staffing requirements. (5)

In addition to the requirements in subchapter 2 and 3:

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.

FINDINGS

CG #1 has 10 hours of continuing education, 12 hours are required. Submit an additional 2 hours of continuing education hours with your POC.

Sent CG #1 to 2 hrs of inservice training. In the future, PCG and or SCG to note subjects making sure that none is being repeated.

04/06/16

Licensee's/Administrator's Signature: _____

Print Name: _____

JARRAH AgBUNAG

Date: _____

04/25/16

Licensee's/Administrator's Signature: _____

Print Name: _____

Jarrah Agbunag

Date: _____

11/12/16