

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc of Maui – Hale Lahaina (DDH)	CHAPTER 89
Address: 5220 Kahi Street, Lahaina, Hawaii 96761	Inspection Date: September 26, 2016

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> For Resident #1, _____ was discontinued by the physician; however, it was reflected on the January 5, 2016 3-month medication update. _____ was not listed on the November 2015 – January 2016 medication records.</p>	<p>Part 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-89-14(e)(6)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Refer to attached</i></p>	<p style="text-align: center;"><i>10/10/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-89-14(e)(12)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Refer to attached</i></p>	<p style="text-align: center;"><i>10/10/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-89-18(b)(2)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Refer to attached</i></p>	<p style="text-align: center;"><i>10/10/16</i></p>

Licensee's/Administrator's Signature: Bob Lane / Valerie Sy

Print Name: Robert E. Lane / VALERIE SY

Date: 10/10/16

ARC of Maui County
Hale Lahaina
Plan of Correction
October 2016

Annual Inspection: 9/26/16

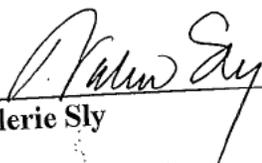
- **Rule (Criteria)**
11-89-14 Resident health and safety standards (e)(6)

Corrective Action Future Plan Part 2:

Resident #1 was discontinued by the physician. Although it did not continue to be documented on the Medication Record and was not administered after that date, it was not removed from the next 3-month medication update. Therefore, the 3-month medication update and the Medication Record did not coincide.

To prevent recurrence, 3-month medication updates and Medication Records for other residents in the home were reviewed for accuracy and no issues were identified. The Resident Manager was retrained by the agency RN on the "five rights" of medication administration and the importance of ensuring that the Medication Records and the 3-month medication updates coincide.

Effective Date: 10/10/16


Valerie Sly

10/10/16
Date

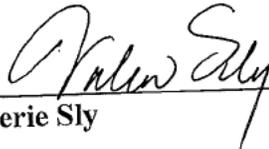
- **Rule (Criteria)**
11-89-14 Resident health and safety standards (e)(12)

Corrective Action Future Plan Part 2:

for Resident #1 was ordered by the physician for illness. Although it was only used PRN for the duration of the illness, the order did not include discontinuation instructions.

To prevent recurrence, PRN orders were reviewed to determine if discontinuation instructions were applicable and no issues were identified. The Resident Manager was retrained by the agency RN regarding the requirement to ensure discontinuation instructions on PRN orders for temporary conditions. The Resident Manager trained staff to request discontinuation instructions from the medical provider during medical appointments when appropriate.

Effective Date: 10/10/16



Valerie Sly

10/10/16
Date

