

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gabriel, Claire (ARCH)	CHAPTER 100.1
Address: 27-358 Anderton Camp Road, Papaikou, Hawaii 96781	Inspection Date: January 27, 2017 Annual

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>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, physician order dated April 4, 2016, June 23, 2016, September 19, 2016 and December 13, 2016 read, "Geodon 80 mg <u>2</u> po Qam." However, April – June 2016 and November – December 2016 medication records read, "Geodon 80 mg <u>1</u> tab QD."</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>Findings and notes in this section noted.</p>	<p style="text-align: right;">01/28/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (e)	<p style="text-align: center;"> PART 2 <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> ARCH operator will check, update and revise medication record as needed upon receipt of physician orders to ensure it matches. ARCH operator will check monthly to ensure correctness and completeness and that monthly medication records reflect current medication orders. </p>	01/28/17

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1, March – December 2016 and January 2017 progress notes written in blue ink.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>Findings and notes in this section noted.</p>	<p style="text-align: right; vertical-align: bottom;">01/20/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (f)(1)	<p style="text-align: center;">PART 2 <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>ARCH operator will complete progress notes as need in black ink as required and will do a monthly check to ensure all progress notes are written in black ink.</p>	<p style="text-align: center;">01/28/17</p>

Licensee's/Administrator's Signature: Claire Gabriel

Print Name: Claire Gabriel

Date: 3-10-17

Licensee's/Administrator's Signature: Claire Gabriel

Print Name: Claire Gabriel

Date: March 23, 2017