

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

APR 26 11:47 AM '16
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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 #1 M.D. order Abilify discontinue on 2/26/15. Another M.D. order on 3/20/15, "Abilify 10 mg take 1 tablet at bed time", and renewed that order 6/26/15, 9/29/15, 12/15/15 and 3/22/16. Medication not available for resident as ordered. Clarify order with physician(s).</p>	<p><i>Clarify order w/ Physician on May 3rd per new ordered.</i></p> <p><i>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.</i></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 #1 M.D. order Abilify discontinue on 2/26/15.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Another M.D. order on 3/20/15, "Abilify 10 mg take 1 tablet at bed time", and renewed that order 6/26/15, 9/29/15, 12/15/15 and 3/22/16. Medication not on the medication administration record since 2/26/15. Clarify order with physician(s).</p>	<p>Clarify order w/ physician on may 2nd 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>
<input checked="" type="checkbox"/>	<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 #1 emergency data sheet incorrect, medication with current order marked as discontinued.</p>	<p>New emergency data completed 4/23/16 In the future I will update always. In the future I have to train my substitute can given to double check every 3 month to make data correct.</p>	<p>05/11/16</p>
<input checked="" type="checkbox"/>	<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 #1 & 3, 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 #2 & 4, both short 12 hours of continuing education hours. Submit copies of 12 hours of continuing education for each care 	<p>#1 & 3 Subo completed 1 hour 03/31/16 In the future I will check if the continuing education must be pertinent to my care home and resident.</p> <p>#Substitute care giver #2 & 4 complete 12 hours may 7/16. In the future I have to double check all the substitute care giver training every 3 month to be completed.</p>	<p>05/11/16 05/11/16</p>

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

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 MAY 11 2016
 10:30 AM '16

Licensee's/Administrator's Signature: Gloria Prieto

Print Name: GLOECIA PRIETO

Date: 05/11/16