Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: ALFE II	**CHAPTER 100.1**
Address: **1214 Kukila Street, Honolulu, Hawaii 96818**	**Inspection Date: November 4, 2016 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
☒	§11-100.1-15 Medications. (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 storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #1 physician order dated 10/3/16 reads, "Ranitidine (Zantac) 150 mg 1 tab PO daily." Label from pharmacy reads, "take 1 tablet by mouth daily as needed." Orders and label do not match. **Clarify orders with physician.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Called physician on 11/7/16 to clarify orders.	11/7/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	**RULE** #§11-100.1-15(a) **FINDINGS** Resident #1 physician order dated 10/3/16 reads, "Ranitidine (Zantac) 150 mg 1 tab PO daily." Label from pharmacy reads, "take 1 tablet by mouth daily as needed." Orders and label do not match. **Clarify orders with physician.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will instruct caregivers on anyone picking up medicine to double check medication labels before leaving the pharmacy.	11/7/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (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 storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #1 physician order dated 10/3/16 reads, "Vascepa cap 1gm tab take 1 cap PO 2X/Day." Label from pharmacy reads, "take 2 capsules by mouth every 12 hours." Orders and label do not match. **Clarify orders with physician.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Called physician on 11/7/16 to clarify orders.	11/7/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	**RULE** #§11-100.1-15(a) **FINDINGS** Resident #1 physician order dated 10/3/16 reads, "Vascepa cap 1gm tab take 1 cap PO 2X/Day." Label from pharmacy reads, "take 2 capsules by mouth every 12 hours." Orders and label do not match. **Clarify orders with physician.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will instruct caregivers or anyone picking up medicines to double check medication labels before leaving the pharmacy.	11/7/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (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 storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #1 physician order dated 10/3/16 reads, "Melatonin 3mg 1 tab PO at bedtime." Label from pharmacy reads, "take 1 tablet by mouth at night as needed." Orders and label do not match. **Clarify orders with physician.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Called physician on 11/7/16 to clarify orders	11/7/14

	Rules (Criteria)	Plan of Correction	Completion Date
☒	**RULE #§11-100.1-15(a)** **FINDINGS** Resident #1 physician order dated 10/3/16 reads, "Melatonin 3mg 1 tab PO at bedtime." Label from pharmacy reads, "take 1 tablet by mouth at night as needed." Orders and label do not match. **Clarify orders with physician.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will instruct caregivers or anyone picking up medicines to double check medication labels before leaving pharmacy.	11/7/14

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (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 storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #1 physician order dated 10/3/16 reads, "Sertraline HCL (Zoloft) 50 mg 1 tab PO daily." Label from pharmacy reads, "take 1 tablet by mouth daily as needed." Orders and label do not match. **Clarify orders with physician.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Called physician on 11/7/16 to clarify orders.	11/7/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	**RULE** #§11-100.1-15(a) **FINDINGS** Resident #1 physician order dated 10/3/16 reads, "Sertraline HCL (Zoloft) 50 mg 1 tab PO daily." Label from pharmacy reads, "take 1 tablet by mouth daily as needed." Orders and label do not match. **Clarify orders with physician.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will instruct caregivers or anyone picking up medicines to double check medication labels before leaving the pharmacy.	11/7/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-84 Admission requirements. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and Influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs. **FINDINGS** Resident #1 no evidence of pneumococcal immunization ever given or refused.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Called physician on 11/7/16 to get the copy of pneumococcal immunization	11/8/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-84(b)(4)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will use checklist during admission to make sure paper works are complete on admission & for caregiver to double check the paper works.	11/8/16

Licensee's/Administrator's Signature: Virginia A. Baptista

Print Name: VIRGINIA A. BAPTISTA

Date: 11/21/16