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## Office of Health Care Assurance

## **State Licensing Section**

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## 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.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Called physician for 11/7/16  fo clarify anders.	Date
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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.	EUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  The future, I will instruct carrying the anythe ficting up oredice to donale check oredice lately before leaving the plannary.	

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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.	Called physician on 11/7/14 to clarify orders.	11/7/14

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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.	ETTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  In the fature, to will inture caregiver be compre fiching of medicines to double check medication lake leaves bearing the duracy.	

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. 🖾	§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 storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	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.	Called physician vall/7/ to claimly orders	16 11/7/14

Rules (Criteria)	Plan of Correction	Completion Date
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.	EUTURE 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 make the anyone ficting of medical to deals before leaving phanmacy.	11/7/14 nes
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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.	Plan of Correction  PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  In the Antique, I will justified to any previous of a device any previous of a device any previous of the angle of the pharmacy.	Date  11   7   14
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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.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Called physician on 11/7/11  to get the engry of frumerous and information	

Rules (Criteria)	Plan of Correction	Completion Date
RULE #§11-100.1-84(b)(4)	PART 2	
	FUTURE PLAN  USE THIS SPACE TO EXPLAD YOUR	
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Licensee's/Administrator's Signature:	Vugan a Softer
Print Name: _	VIRGINIA A. BAPTISTA
Date:	11/21/16