

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha ARCH	CHAPTER 100.1
Address: 86-107 Hoaha Street, Waianae, Hawaii 96792	Inspection Date: December 30, 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.

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Office of Health Care Assurance

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. <u>FINDINGS</u> Resident #1 emergency sheet missing physician prescribed medications Zyprexa 20mg and Trazadone 50mg.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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><i>I immediately update resident #1 emergency information sheet as soon as my nurse consultant left added new prescribed medication zyprexa 20mg + Trazadone 50mg in the medication list.</i></p>	<p><i>yes, 12/30/16</i></p>

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DUNN, A. L.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (f)(4)	<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>1) I highlight my calendar every doctor visit to update Resident #1 EMERGENCY INFORMATION SHEET for new prescribed medication and dosage in the medication list.</p> <p>2) Tracking system also made monthly to check all Resident #1 Emergency Information for any changes of:</p> <ul style="list-style-type: none"> 1) prescribed medication + dosage 2) contact information - family + next of kin 3) changes of Doctors, Case manager + SCG 	12/30/16

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DORIS ALLEN

3) Tag was placed in emergency information sheet + will be checked monthly. I will update/add new meds + dosage

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DRIVER'S LICENSE

Licensee's/Administrator's Signature: Marlyn Acuram

Print Name: MARLYN ACURAM

Date: 2/16/17