Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tuliao ARCH	**CHAPTER 100.1**
Address: **298 Olu Street, Hilo, Hawaii 96720**	**Inspection Date: January 20, 2016 Annual**

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** Primary care giver, substitute care giver (SCG) #1 and SCG#2, with history of positive tuberculosis (TB) skin test, no current TB attestation.	TB attestation obtained from Physician's office and a copy is on file. Next Time this form shall be done ahead of Time 1-2 months prior to Surveyor's inspection to ensure that current TB Clearances is made available.	2/29/2016
☒	§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. **FINDINGS** Resident #1, physician order dated September 14, 2015 read, "Xanax 1 mg tablet take .25 tablet by oral route 2 times every day as needed for anxiety." However, the order was not	Primary Caregiver called in Physician's office to clarify this findings and the said office acknowledged mistake made. In the future; next office visit I'll make sure to review carefully notes written before leaving the office and to comprehend directions written.	2/29/2016

	Rules (Criteria)	Plan of Correction	Completion Date
	transcribed on to the September 2015 – January 2016 medication records.		
☒	§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. **FINDINGS** Resident #1, physician order dated October 10, 2015 read, "Ventolin inhaler 2 puffs 4xday as needed for wheeze." However, the October 2015 medication record read, "Ventolin HFA 90 mcg inhaler 2 puffs 4 hr. PRN." Medication was initialed as administered daily October 10, 2015 – October 19, 2015; however, no time of administration was documented."	In the future PCG will obtain a Copy of Physician's order and indicate Time administered to be documented ~~to~~ on MAR on a timely manner. I will write exactly Physician's order written on the MAR. 4x daily or every 4 hrs. If not Sure ask the nurse or doctor to clarify to avoid recurring mistakes.	2/29/2016

Licensee/Administrator's Signature: Genevie M. Tuliao

Print Name: Genevie Tuliao

Date: 2/29/16