

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Helen Y. Agbayani (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 1328 Kamehameha IV Road, Honolulu, Hawaii 96819	Inspection Date: April 26, 2017 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.

17 OCT 10 AM 18

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> PCG – No documented evidence of annual tuberculosis clearance. Attestation form is incomplete.</p>	<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>> PCG had returned to her PCP's office to have her attestation form to fill the missing informations, thus completing the form.</p>	<p style="text-align: center;">5/4/2017</p> <p style="text-align: right; font-size: small;">17 OCT 10 AM 6:18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> PCG – No documented evidence of annual tuberculosis clearance. Attestation form is incomplete.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>7 PCG will review forms) ̄ another individual ie, a staff member before leaving the doctor's office to make sure it's correctly done or completed.</p>	<p style="text-align: right;">17 OCT 10 AM:18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (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 – Medication not made available as ordered by physician. Physician order from 1/26/2017 states, “Amlodipine Besylate 5 mg – 1 tab by mouth once daily.” Medication label and MAR state “Amlodipine Besylate 10 mg – 1 tab by mouth once daily.”</p>	<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>→ PCG had called the resident's #1's PCP to verify the order of the said medication. PCP made a telephone order to correct the right dosage of the said medication.</p>	<p style="text-align: right;">4/26/2017</p> <p style="text-align: right;">17 OCT 10 AM 6:18</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Medication not made available as ordered by physician. Physician order from 1/26/2017 states, “Amlodipine Besylate 5 mg – 1 tab by mouth once daily.” Medication label and MAR state “Amlodipine Besylate 10 mg – 1 tab by mouth once daily.”</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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><i>> PCG will provide a list of medications of the resident on hand to compare and / or will have another individual ie, a pharmacy technician or a fellow caregiver in ARCH to verify the order or label of medication before leaving the area.</i></p>	<p style="text-align: right;">17 OCT 10 AM 11:18</p>

Licensee's/Administrator's Signature: Helen Y. Agbayani, PCG, LPA

Print Name: Helen Y. Agbayani

Date: 10/5/2017

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08/10/10 BY 60322
UCBA/LP/STP