

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Editha Rogelio Tapat ARCH, LLC	CHAPTER 100.1
Address: 94-432 Kipou Street, Waipahu, Hawaii 96797	Inspection Date: March 23, 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 JUN 28 18:40

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1, medication bin contained expired medication. I.e. "Bereve 1.5% eye drops, expired 9/2016".</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><i>On 3/24/17, telephone call was made to MD (optometrist) regarding resident #1 prescription for Bereve ophthalmic solution 1 drop both eyes as needed. MD (optometrist) gave a sample during resident #1 last visit on 5-28-16, but medication is already expired. This care giver #1 asked MD (optometrist) if medication should still be continued since pharmacy does not carry the eye drop. MD (optometrist) ordered to discontinue the eye drop effective 6/24/17. No replacement was prescribed until resident #1 next visit/appointment on 7/8/17.</i></p>	<p style="text-align: center;">3/24/17</p> <p style="text-align: right;">17 JUN 28 08:40</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1, medication bin contained expired medication. I.e. "Bereve 1.5% eye drops, expired 9/2016".</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>This care giver #1 will frequently check medications expiration dates at least every month on medicines bottles and will dispose properly all expired medications to appropriate drop off sites/ locations such as pharmacy or state sponsored locations.</i></p> <p><i>This care giver #1 will inquire substitute care givers regarding proper disposal of discontinued medications and or expired medications.</i></p>	<p style="text-align: center;">6/28/17</p> <p style="text-align: right;">17 JUN 28 AM 8:40</p>

Licensee's/Administrator's Signature: Editha I. Tapat

Print Name: Editha I. Tapat

Date: 06-28-17

17 JUN 28 08:40
Editha I. Tapat