

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Medy's ARCH II	CHAPTER 100.1
Address: 1229 Ala Pili Loop, Honolulu, Hawaii 96818	Inspection Date: June 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 24 12:31

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1 – 5/22/2017 medication order not physically or electronically signed by the physician or APRN.</p>	<p style="text-align: center;">PART 1 <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>11-100.1-15 (g)</i> <i>Medication order on 5/22/17 for resident #1 was physically signed by her PCP on 7/10/17.</i></p>	<p style="text-align: center;"><i>7/10/17</i></p>

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☒	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – 5/22/2017 medication order not physically or electronically signed by the physician or APRN.</p>	<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>11-100.1-15 (g)</p> <ol style="list-style-type: none"> 1. I shall immediately ask the doctor or APRN to physically/electronically sign the medication orders after reviewing the medication orders with him/her during the visit. 2. When transcribing the the orders and notice that the doctor/APRN missed signing the orders, I shall put a tag, "Sign Here" sticker on the bottom portion of the orders and have him/her sign it (the orders) on the residents next visit. 3. For telephone orders, I shall put a "Sign Here" sticker immediately after receiving the order and have him/her physically sign the order on the residents next visit. 4. I shall review current and past orders prior to the residents appt. put a "Sign Here" sticker for all unsigned orders and have him/her sign the orders during the appt./visit. 	<p style="text-align: right;">7/10/17</p> <p style="text-align: right; font-size: small;">17 JUL 27 09:31</p>

Licensee's/Administrator's Signature: Mediatrix De Lara

Print Name: MEDIATRIX DE LARA

Date: NOV. 18, 2017

OFFICIAL RECORD
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MEDIATRIX DE LARA