

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|  |   |
|--|---|
| Facility's Name: Paradise ARCH                         | CHAPTER 100.1                             |
| Address:<br>86-112 Hoaha Street, Waianae, Hawaii 96792 | Inspection Date: February 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.**

STATE OF HAWAII  
HONOLULU  
SEP 21 10:08

|                                     | Rules (Criteria)   | Plan of Correction   | Completion Date     |
|-------------------------------------|--|--|---------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (a)<br/> All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b><br/> Bedroom #2, prescription mouthwash on resident bedside table, Chlorhexidine 0.12%</p> | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>1) Immediately removed the prescription mouthwash on resident bedside table after explanation that prescription mouthwash need to be store in a staff controlled work cabinet counter or secured medication cabinet &amp; will administer as prescribed by M.D.</p> <p>2) Asked resident if he want to keep his Rx mouthwash next to his oral care supplies (tooth brush &amp; toothpaste) We will ask the prescribing M.D, order to self administer his own Rx mouthwash.</p> | <p>yes, 2/23/17</p> |



§11-100.1-15 Medications. (a)

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FINDINGS

Bedroom #2, prescription mouthwash on resident bedside table, Chlorhexidine 0.12%

PART 2

FUTURE PLAN

USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?

Caregivers will use the Medication Administration record (MAR) to remind us daily that prescription mouthwash will be handled like any other prescription medication & we will follow the procedure in giving meds. I right - name, medication, route, dosage, documentation, paper storage & will always stored in a locked cabinet - only accessible by caregivers apart from residents bathroom or bedroom.

STATE OF MICHIGAN

17 SEP 21 P 1:08



§11-100.1-15 Medications. (e)

All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.

**FINDINGS**

Resident #1, physician ordered medication, Temazepam 30mg not made available.

PART 1

**DID YOU CORRECT THE DEFICIENCY?**

yes, 2/23/17

**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**

- 1) Immediately called ~~Smith~~<sup>error</sup> pharmacy that temazepam is missing in the newly delivered strip packing medication.
- 2) Talked to ~~Smith~~<sup>error #2 PHARMACY</sup> supervisor to deliver temazepam ASAP - to prevent omission / missed on bedtime dose.

DURHAM LICENSING

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**FINDINGS**

Resident #1, physician ordered medication, Temazepam 30mg not made available.

**PART 2**

**FUTURE PLAN**

**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**

1) We will not rely or depend on automatic refill system offered by ~~5-A-Pharmacy~~ Pharmacy. We will pick up the medication 3-5 days before our next refill.

2) Tracking system was made on our calendar date <sup>when</sup> medication was delivered 3-5 days before we run out, we will call pharmacy to remind ~~to~~ deliver or we will pick it up in person.

3) We highlight the bottle, strip packing, bubble pack, the date of refill & date of delivery/pick up.

4) Put big marker sign <sup>side</sup> out the box of strip pack date of delivery & next pick up date - 3-5 days next refill

STATE OF CONNECTICUT  
17 SEP 21 PM 1:08

Licensee's/Administrator's Signature: Marlyn Acuran

Print Name: MARLYN ACURAM

Date: 3/30/17

Licensee's/Administrator's Signature: Marlyn S. Acuran

Print Name: MARLYN S. ACURAM

Date: 9/20/17

STATE OF HAWAII  
UNIVERSITY  
SEP 21 P 1:08