

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Scott ARCH	CHAPTER 100.1
Address: 94-1077 Kahuanui Street, Waipahu, Hawaii 96797	Inspection Date: August 8, 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.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) 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><u>FINDINGS</u> Resident #1 physician order dated 3/6/17 reads, "All medication for right eye only. Dorzolamide Hcl-Timolol 1 drop b.i.d." Pharmacy label reads "apply 1 drop into right eye three times a day." Orders and label do not match.</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>YES, PHARMACIST AT WAIPAHU TIMES PHARMACY CLARIFIED THE ORDER FOR DORZOLAMIDE HCL-TIMOLOL 1 DROP b.i.d. 1 DROP INTO RIGHT EYE. PHYSICIAN ORDER AND PRESCRIPTION MATCHES.</p>	8-11-17

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	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><u>FINDINGS</u> Resident #1 admitted on 12/21/16 and medication administered. No doctor orders for medication until 1/4/17.</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>YES, PHYSICIAN ORDERS FOR MEDICATION ADMINISTRATION WERE WRITTEN AND UPDATED ON 1-4-17 WHEN THE RESIDENT WAS TAKEN TO THE DOCTOR'S CLINIC FOR CHECKUP AND PHYSICAL EXAM.</p>	<p>dec. 5, 2017</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 Cipro ordered to start before scheduled procedure in March 2017. Resident refused procedure and medication not administered and not discarded.</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 style="text-align: center;">YES, CIPRO WAS NOT ADMINISTERED DEC 5, 2017 TO THE RESIDENT BECAUSE HE REFUSED TO HAVE SCHEDULED PROCEDURE DONE. MEDICATION DISCARDED ON 8-8-17.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 admitted to care home 12/21/16, to two step tuberculosis completed until 1/25/17.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Substitute care giver #1 required to complete 12 hours of continuing education hours has completed zero (0) hours. SCG will be required to complete 12 hour for both 2017 and 12 hours for 2018 a total of 24 hours of CEU's.</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>YES. SUBSTITUTE CARE GIVER #1 HAVE COMPLETED 12 HOURS OF THE REQUIRED CONTINUING EDUCATION HOURS FOR 2017.</p> <p>- 6 HRS COMPLETED ON SEPT 20, 2017</p> <p>- 6 HRS COMPLETED ON OCT. 22, 2017</p> <p>* PENDING 12 HOURS OF CONTINUING EDUCATION FOR 2018.</p>	<p>DEC. 5, 2017</p>

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Licensee's/Administrator's Signature: *Chris Scott*

Print Name: Chris Scott

Date: Dec. 5, 2017