

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Analani ARCH, L.L.C.</b>	<b>CHAPTER 100.1</b>
<b>Address: 98-137 Kaluamoi Place, Pearl City, Hawaii 96782</b>	<b>Inspection Date: April 21, 2017 Annual</b>

**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>§11-100.1-14 Food sanitation. (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><b><u>FINDINGS</u></b> Uncooked chicken was being defrosted in a bowl of water on the kitchen counter.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">04/21/17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b><u>FINDINGS</u></b> Resident #1 - Medication record reflected "metoprolol succ ER 50 mg tab Take 1 tab daily Hold if SBP &lt; 120 HR &lt; 55" and "losartan potassium 100 mg tab Take 1 tablet daily Hold if SBP &lt; 120 HR &lt; 55;" however, medications were taken on following days:</p> <ul style="list-style-type: none"> <li>• 11/4/16 BP = 180/77, HR = 53</li> <li>• 9/22/16 BP = 187/63, HR = 48</li> <li>• 8/6/16 BP = 172/64, HR = 54</li> <li>• 7/31/16 BP = 156/56, HR = 51</li> </ul>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">04/21/17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-15 Medications. (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><b><u>FINDINGS</u></b> Resident #1 - Medications were not updated every four (4) months. For example:</p> <ul style="list-style-type: none"> <li>• Docusate sodium, aspirin 81 mg, Tylenol extra strength were not updated 12/12/14 to present; a period of 28 months</li> <li>• Pravastatin, quetiapine, losartan, pantoprazole sodium DR and metoprolol were not updated 12/15 to 12/7/16; a period of 12 months</li> <li>• Melatonin was not updated 12/11/15 to present; a period of 16 months</li> </ul>	<p style="text-align: center;"><b>PART 1</b> <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>TO CORRECT THE ERROR, A LIST WAS MADE REFLECTING THE RESIDENT'S CURRENT MEDICATIONS. THE LIST WAS TAKEN TO THE MD'S OFFICE FOR THE RESIDENT'S PCP TO REVIEW AND REVIEW. THE M.A.R. WAS THEN CORRECTED WITH PROPER MEDICATION RENEWAL DATES.</p>	04/21/17

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 - Progress notes reflected "nitroglycerin lingual spray" x 2 was given on 6/26/16 @ 0144; however, the number of sprays was not recorded on the June 2016 medication record.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">04/21/17</p>



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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #1 - No current tuberculosis clearance. Skin test placed 12/7/16; however, reading was not documented.</p>	<p style="text-align: center;"><b>PART 1</b> <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>I CONTACTED THE MD'S OFFICE TO RETRIEVE THE DATE &amp; TIME <sup>&amp; READING,</sup> <del>AND</del> <sup>ORIGINALLY</sup> CALLED IN THE RESIDENT'S TB RESULTS. THE RESIDENTS CHART WAS THEN UPDATED IMMEDIATELY.</p>	<p>04/21/17</p>

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Licensee's/Administrator's Signature: Cory Kobasigawa  
Print Name: CORAZON G. KOBASIGAWA  
Date: January 08, 2018

Licensee's/Administrator's Signature: Cory Kobasigawa  
Print Name: CORAZON G. KOBASIGAWA  
Date: 3/19/18