

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b>  Justo, Charing (ARCH)	<b>CHAPTER 100.1</b>
<b>Address:</b>  28-2865 Kukuikea Place, Peepeekeo, Hawaii 96783	<b>Inspection Date: April 11, 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>§11-100.1-15 <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><b>FINDINGS</b> Resident #1, physician order dated April 18, 2016 read, "Spiriva inhaler 1 inhalation <u>once a day</u>." However, May 2016 – September 2016 monthly medication record read, "Spiriva Respimat 2.5 mcg Inh. Inhale 1 puff daily <u>prn</u>."</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>	

	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><b><u>FINDINGS</u></b> Resident #1, physician order dated April 18, 2016 read, "Spiriva inhaler 1 inhalation <u>once a day.</u>" However, May 2016 – September 2016 monthly medication record read, "Spiriva Respimat 2.5 mcg Inh. Inhale 1 puff daily <u>pm.</u>"</p>	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>Before you leave the doctor's office, be sure to discuss the medications clearly with the doctor and be sure to understand if there are changes and check it if it's written on the doctor's order form.</i></p>	<p style="text-align: right;">4-17-17</p>

Licensee's/Administrator's Signature: Charing R. Justo  
Print Name: Charing R. Justo  
Date: 4-17-17