

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Golden Acres	CHAPTER 100.1
Address: 45-525 Duncan Drive, Kaneohe, Hawaii 96744	Inspection Date: January 5, 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.

Don't stop a Librarian

17 10:05 19:04

	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> Physician order for Resident #1 on 10/06/2016 reads, "Naproxen 25 mg tablet. Take 1 tablet by mouth twice a day as needed for moderate to severe pain." Medication label reads, "Naproxen 375 mg tablet. Take 1 tablet by mouth twice a day as needed." Physician order and medication 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><i>For Resident #1, Naproxen the physician order has been corrected to match the medication label.</i></p>	<p style="text-align: right;">17 Feb 2017 P1:28 DANIELA LIBONSON</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (a)	<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>I will make sure that all medicines prescribed by physicians and dispensed by pharmacists shall be 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 shall not be 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 residents' bathroom or bedroom.</p> <p>- I will bring the list of medications & medications taken by my client and double check the order of the physician before leaving the office.</p>	<p style="text-align: right;">MARCH 11 2015 11:28</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) 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> Physician order for Resident #1 on 06/28/2016 reads, "Risperdal 0.25 mg tablet. Take 1 tablet by mouth twice a day at 0600 and 1200." Medication administration records (MAR) from July-October read, "Risperdal 0.25 mg tablet. Take 1 tablet by mouth twice a day at 0800 and 1200." Physician order and MAR transcriptions 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><i>For Resident #1 Risperdal, the physician order and MAR transcription has been corrected.</i></p>	<p style="text-align: right;">10/25/16 11:28 M. Pascual</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-15 (e)</p> <p><u>FINDINGS</u> Physician order for Resident #1 on 06/28/2016 reads, "Risperdal 0.25 mg tablet. Take 1 tablet by mouth twice a day at 0600 and 1200." Medication administration records (MAR) from July-October read, "Risperdal 0.25 mg tablet. Take 1 tablet by mouth twice a day at 0800 and 1200." Physician order and MAR transcriptions do not match.</p>	<p align="center">PART 2 <u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ul style="list-style-type: none"> - I will make sure that all medications & supplements, such as vitamins, minerals & formulas, shall be made available as ordered by a physician or APRN. - I will bring all medications taken by my client and double check the order of the physician before leaving the office. 	<p align="right">2/9/2017 12:23</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><u>FINDINGS</u> Physician orders for Resident #1 on 06/28/2016 and 10/06/2016 read, "Naproxen 25 mg tablet. Take 1 tablet twice a day as needed for moderate to severe pain." Medication administration records from 06/28/2016 to 12/31/2016 read, "Naproxen 375 mg tablet. Take 1 tablet twice a day for moderate to severe pain." Physician order and MAR transcriptions 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><i>For Resident #1 Naproxen, the physician order and MAR transcriptions has been corrected.</i></p>	<p style="text-align: right;">11:28 AM Feb 09 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-15 (e)</p> <p><u>FINDINGS</u> Physician orders for Resident #1 on 06/28/2016 and 10/06/2016 read, "Naproxen 25 mg tablet. Take 1 tablet twice a day as needed for moderate to severe pain." Medication administration records from 06/28/2016 to 12/31/2016 read, "Naproxen 375 mg tablet. Take 1 tablet twice a day for moderate to severe pain." Physician orders and MAR transcriptions do not match.</p>	<p align="center">PART 2 <u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will make sure that all medications and supplements, such as vitamins, minerals and formulas, shall be made available as ordered by a physician or APRN.</p> <p>I will also bring the list of medications and medications taken by my client and double check the order of the physician before leaving the office.</p>	<p align="right">01:28</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><u>FINDINGS</u> Levothyroxine administered to Resident #1 from 10/06/2016 to present. Levothyroxine was not on the physician orders from 10/06/2016 to present.</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>For Resident #1, levothyroxine, the physician order has been obtained.</i></p>	<p style="text-align: right;">2/9/17 9:28</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-15 (e)</p> <p>FINDINGS Levothyroxine administered to Resident #1 from 10/06/2016 to present. Levothyroxine was not on the physician orders from 10/06/2016 to present.</p>	<p>PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- I will make sure that all medications and supplements such as vitamins, minerals and formulas shall be made available as ordered by a physician or APRN.</p> <p>- I will bring the list of medications and all medications taken by my client and double check the physician orders before leaving the office.</p>	<p>10/28/2016</p> <p>10/28/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p>FINDINGS Drills should be held at various times of the day or night. Quarterly fire drills log does not specify whether they were done in the am or pm.</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>- Quarterly fire drills logs has been corrected to specify that fire drills were done in the am or pm.</p>	<p style="text-align: right;">10/24/21 11:28 M. Pasqual</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-23 (g)(3)(D)	<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>I will plan ahead of time when to do my fire drill quarterly. I will schedule in my calendar of appointments posted in my hallway; the month, day & time of the fire drill to be done and also I will ^{up} alert on program my cellular phone calendar for the whole year when to do fire drill quarterly on a different date & various time of the day & location of the fire.</p> <p>I will make sure that a copy of the drill will be filed in my case home binder to be available for DOT inspectors upon request.</p>	<p style="text-align: center;">July 1, 2017</p> <p style="text-align: right;">17 JUL 20 09:04</p>

Licensee's/Administrator's Signature: Miguel Pascual

Print Name: MIGUEL PASCUAL

Date: 2/8/2017

Department of
Professional Regulation
February 8, 2017
11:29 AM

Licensee's/Administrator's Signature: Miguel Pascual

Print Name: MIGUEL PASCUAL, CNA

Date: July 1, 2017

Department of
Professional Regulation
July 1, 2017
11:04 AM