

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b>  Holy Family ARCH I	<b>CHAPTER 100.1</b>
<b>Address:</b>  47-410 Ahuimanu Road, Kaneohe, Hawaii 96744	<b>Inspection Date:</b>  December 19, 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 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 order from physician states, “Losartan HCTZ 100-25 mg 1 tab po qd.” Medication label states, “Losartan HCTZ 100-12.5 mg 1 tab po qd.” Physician order and medication label do not match.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><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>To prevent future deficiencies, the medication list will be taken to the physician's office each visit and checked against the physician's records. All medication containers/blister packs received will be checked by the primary caregiver and double checked by the substitute caregiver for accuracy.</p>	

Licensee's/Administrator's Signature: Suzanne Lee R.N.

Print Name: Suzanne Lee R.N.

Date: 12-31-17