

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc in Hawaii – Waipahu B (DDDH)	CHAPTER 89
Address: 94-060B Poailani Circle, Waipahu, Hawaii 96797	Inspection Date: September 13, 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>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> For Resident #1, the physician order of December 28, 2016 for Cheratussin AC 10 mg-100mg/5 ml oral liquid did not specify the dose and frequency. The pharmacy label of that same date notes, take 5 ml by mouth every 6 hours as needed for cough.</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>Chertussin has been discontinued as of 9/13/17 The Home Manager received in-service training regarding the importance of the accuracy of medication orders.</p>	September 27, 2017

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☒	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> For Resident #1, the physician order of December 28, 2016 for Cheratussin AC 10 mg-100mg/5 ml oral liquid did not specify the dose and frequency. The pharmacy label of that same date notes, take 5 ml by mouth every 6 hours as needed for cough.</p>	<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>When receiving orders from the PMD, the Home Manager will ensure all information including dosing instructions are clear and concise in writing. Should clarification be needed, the Home Manager will seek clarification from the PMD. When a parent takes the client to their appointment, it will be incumbent upon the Home Manager to follow up with documentation and carrying out treatment. The Home Manager will forward all documentation to the Nurse in a timely manner for review. The Home manager will carry out corrections as noted by the Nurse.</p> <p>The Nurse will review documentation received from the Home Manager for accuracy and advise the Home Manager as needed of corrections. The Nurse will continue to perform quarterly audits to assure that proper procedures are being followed. The Nurse Manager will also provide quarterly oversight in reviewing client records and providing support and direction as needed.</p>	September 27, 2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> For Resident #1, Cheratussin AC 10 mg-100mg/5 ml oral liquid, dispensed on December 28, 2016 was in the resident's medication container; however, was not listed on the medication administration record from February 2017 to September 2017. The medication has not been updated since the initial order of December 28, 2016.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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Licensee's/Administrator's Signature: Christine Menezes, pps

Print Name: Christine Menezes, Director of Programs & Services

Date: October 11, 2017