

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Edita Castro (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 201 Kuhilani Street, Hilo, Hawaii 96720	Inspection Date: March 29, 2018

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1, who provided care while primary care giver was on vacation (12-5-17 – 12-20-17), no current physical examination. (SCG#1 no longer an employee)</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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> Resident #1, March 2018 medication record reflected the following medications administered beginning March 3, 2018; however, no physician order obtained until March 5, 2018:</p> <ul style="list-style-type: none"> • “Senexon S-tab take 1 tab P.O. q.d. (gen. for Pericolace Tab)” • “Ibuprofen 400mg tab-take 1 tab P.O. q6° PRN for comfort pain & Temp >101 with meals” 	<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>	<p>4/30/18</p>

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☒	<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> Resident #1, March 2018 medication record reflected the following medications administered beginning March 3, 2018; however, no physician order obtained until March 5, 2018:</p> <ul style="list-style-type: none"> • "Senexon S-tab take 1 tab P.O. q.d. (gen. for Pericolace Tab)" • "Ibuprofen 400mg tab-take 1 tab P.O. q6° PRN for comfort pain & Temp >101 with meals" 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>In the future in order to prevent similar deficiencies from reoccurring, I will review to follow the medications listed in the discharged summary ordered by the physician and match to list the same medications during admission on the Medication Administration Record. And when have extra medications given not listed in the Physician's Order to Discharge order, I will call the facility where I admitted the client and talk to the Charge Nurse if it is prescribed by the physician. Also, I will match the label of the medication from the bottle with the Medication Administration Record. And if no more the order, I won't have to give ^{the medication} it to the client.</i></p>	<p style="text-align: center;">4/30/18</p>

Licensee's/Administrator's Signature: Edita Castro

Print Name: EDITA CASTRO

Date: April 30, 2018