

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Dalere, Francisca (ARCH)	CHAPTER 100.1
Address: 303-A Kulana Road, Hilo, Hawaii 96720	Inspection Date: March 27, 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> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Primary caregiver, no current tuberculosis (TB) clearance.</p> <p>This is a repeat deficiency from your 2016 and 2017 annual inspections.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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>I went to Dr. Kim and she said no need cause cause I always positive, but I told her I need it for my relicensing, so she sent me to take chest X-ray on 3/8/18. Now I am sending this ^{X-ray} sheet.</i></p>	<p style="text-align: right;"><i>4/9/2018</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> No documented menu substitutions.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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 style="text-align: center;"><i>I documented my menu substitution on that day of inspection on the back of my menu sheet Lunch on 3/27/18.</i></p>	<p style="text-align: center;"><i>4/26/18</i></p>

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	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> Resident #1, expired prescription – Clotrimazole cream, no prescription label. Cream removed from the prescription labeled box.</p> <p>This is a repeat deficiency from your 2017 annual inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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 style="text-align: center;"> <i>I corrected during the inspection, I threw away that day. From now I'll make sure that whenever whenever I use the medications that have box, I'll make sure to put back on their own box after using so I can read the label where the expiration date is. I told all to my substitutes care givers not to throw medicine boxes and must put back on their own boxes after using.</i> </p>	<p style="text-align: right;">4/26/18</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1, June – December 2017 medication records read, "Clotrimazole cream put on face on affected area bid." However, medication order was not re-evaluated by a physician or APRN between June 26, 2017 and January 17, 2018.</p>	<p style="text-align: center;">PART 1</p> <p><i>From now on, I'll make sure that every visit I must talk to doctor to write all the medications that he is giving on my doctor visit sheet and check if he noted all before we go out on his office.</i></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>	<p style="text-align: right;"><i>4/10/18</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1, medication bin contained "Clotrimazole cream" expiration date "May 2017"</p> <p>This is a repeat deficiency from your 2017 annual inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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>I'll make sure to check always my Dr's visit note if doctor have written all the medications that he is giving before we go out from his office.</i></p> <p><i>During the visit I threw away that expired clotrimazole cream right away. I could not see the expiration date, cause of my sight I throw the box, anyway I did not use it cause I was not sure if was expired or not, I was using the new one (the one should not expired).</i></p>	<p style="text-align: right;"><i>4/26/18</i></p>

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Licensee's/Administrator's Signature: Francisca Dalera

Print Name: FRANCISCA DALEPE

Date: 4/18/18

Licensee's/Administrator's Signature: Francisca Dalore

Print Name: FRANCISCA DAFORE

Date: 4/27/18