

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cabatu, Robert (ARCH)	CHAPTER 100.1
Address: 3258-A Hinano Street, Honolulu, Hawaii 96815	Inspection Date: May 9, 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 <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 order states, "Amlodipine Besylate 5 mg – 1 tab po qhs (Hold for SBP <105)." Medication given daily without blood pressure measurement.</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>To corrected the deficiency Medication given daily without blood pressure measurement.</p> <p>I'm using a blank medication form for Blood pressure measurement that consist of systolic and diastolic reading, date and time was taken, what arm was taken, Care giver 1 (care home operator) and Care giver 2 (substitute) initials.</p>	<p style="text-align: center;">10/6/17</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 order states, "Amlodipine Besylate 5 mg – 1 tab po qhs (Hold for SBP <105)." Medication given daily without blood pressure measurement.</p>	<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>In the near future to prevent this from happening again.</p> <p>I check list of question to ask the Doctor when he order a new medicine or when he changes the order for resident 1 , purpose (why medicine is ordered) dose (how much to be taken), frequent (how often to be taken) suggested hours, the right route, special instruction, when to call the for more instruction before leaving the doctor office and to bring medication and physician form already printed medication dosage, time, route, frequent, special instruction to the doctor office to sign, date and double check form are filled out sign, date by doctor making sure care giver 1 (care home operator) to reads understand all the doctors orders before leaving the doctors office and to high lighted, make notes of any changes doctors order, as soon as care giver 1 (care home operator) reach home make all change on medication, physician form and to make blood pressure measurement form</p>	<p style="text-align: center;">10/6/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Monthly progress notes do not include Resident #1's diet or observations of their response to medications.</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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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (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><u>FINDINGS</u> All fire drills held between 8:30 am and 9:30 am; times not varied.</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>By using a cover page for the Fire Drill record care giver 1 (care home operator) can check previous drills dates making sure that all times of the day morning, noon, and evening are recorded.</p>	<p style="text-align: center;">10/26/17</p>

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Licensee's/Administrator's Signature: Robert S. Cabata

Print Name: Robert S. Cabata

Date: 10/6/17

Licensee's/Administrator's Signature: Robert Cabatu

Print Name: Robert Cabatu

Date: 3/8/18