

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Golden Island ARCH	CHAPTER 100.1
Address: 86-120 Hoaha Street, Waianae, Hawaii 96792	Inspection Date: February 8, 2017 – Annual Inspection

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

RECEIVED

Initial: _____

	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> Two conflicting physician orders for Sennosides from 07/13/16 – present (02/08/17). 1st = “Sennosides 8.6 mg 1 tab PO once a day PRN for constipation.” 2nd = “Sennosides 8.6 mg 3 tabs PO once a day PRN for constipation.” Also, medication administration record (MAR) transcription states, “Sennosides 8.6 mg 1 tab PO once a day PRN for constipation, and medication label states, “Sennosides 8.6 mg 3 tabs PO once a day PRN for constipation.” MAR transcription and medication label do not match.</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>contacted Waianae comprehensive and clarify the 2 different orders. clarification of Med Order was obtained. TO continue Senexol Sennosides 8.6 mg (Senna-Lax) take 1 tab. by mouth daily as needed for constipation Attached Med Order</p>	<p>YES 2/8/17</p> <p style="text-align: right;">17 MAY -5 02:48 RECEIVED</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> Two conflicting physician orders for Sennosides from 07/13/16 – present (02/08/17). 1st = “Sennosides 8.6 mg 1 tab PO once a day PRN for constipation.” 2nd = “Sennosides 8.6 mg 3 tabs PO once a day PRN for constipation.” Also, medication administration record (MAR) transcription states, “Sennosides 8.6 mg 1 tab PO once a day PRN for constipation, and medication label states, “Sennosides 8.6 mg 3 tabs PO once a day PRN for constipation.” MAR transcription and medication label do not match.</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>I (caregiver) will double check the order that it was written before I (caregiver) leave the office. And if order was different I (caregiver) will clarify the Doctor what is the right order.</p> <p>2) will make sure that I will double check the Mar Matched the Medication Label.</p>	<p>4-25-17</p> <p style="text-align: right;">17 MAY -5 P2:48</p> <p style="text-align: right;">REMOVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> PCG only has documentation for eight (8) hours of continuing education courses within the past year. Missing four (4) hours.</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 style="text-align: center;">Immediately called Training INSTRUCTOR to fax the 4 hour CEU.</p>	<p style="text-align: center;">YES 2/8/17</p> <p style="text-align: right; vertical-align: bottom;">REC'D 17 MAY -5 P2:48</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> PCG only has documentation for eight (8) hours of continuing education courses within the past year. Missing four (4) hours.</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>Relative to the needed 4 hours training, I am more than willing to attend it at the Aloha care home anytime the schedule for its set to be handle by the skillful + knowledgeable lecturer</p> <p>2) IN addition to said training I will also expose myself to training system relative to continuing education.</p> <p>3) after the complete training and still the certificate was not issued then I will make a phone call to the lecturer to remind her of the certificate needed. If still she failed to issue the same I will drop off on her residence to personally claim for said certificate.</p>	<p style="text-align: center;">2/8/18</p>

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Licensee's/Administrator's Signature: Thelma Sianquita

Print Name: THELMA SIANQUITA

Date: 5-5-17

17 MAY -5 P2:48

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Licensee's/Administrator's Signature: Thelma Pianquese

Print Name: THELMA G. SIANQUITA

Date: 2/8/18

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