

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Macrina Castillo (ARCH/Expanded ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 1789 Piikea Street, Honolulu, Hawaii 96818</b>	<b>Inspection Date: May 22, 2018 Annual</b>

**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) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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></p> <p>Resident #1 medications ordered prior to hospice admission verbally discontinued by hospice nurse and are not available for resident use. These medications not discontinued but physician and no signed orders by physician.</p> <p>- Orders from Kaiser Hosp and Dr. Yasui prior to hospice admission were cancelled by hospice physician and signed.</p> <p>- All hospice orders were signed by hospice physician</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="font-size: 1.2em;">Had the hospice physician signed the hospice admission and also had him signed to cancel all orders prior to hospice admission</p>	<p style="font-size: 1.5em;">5/30/18</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></p> <p>Resident #1 medications ordered prior to hospice admission verbally discontinued by hospice nurse and are not available for resident use. These medications not discontinued but physician and no signed orders by physician.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>- Made a note for myself and PCAs placed, placed on my daily MAR book for 3 clients that if a client becomes hospice:</p> <ol style="list-style-type: none"> <li>1- all orders prior to hospice admission should be cancelled by hospice physician or APRN</li> <li>2- All hospice orders should be sign by hospice physician or APRN</li> </ol>	<p>5/30/18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e)            In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b><u>FINDINGS</u></b></p> <p>Resident #1 emergency data sheet not updated with current medication, also list discontinued medication.</p> <p>Emergency data sheet and medications were updated</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Made a new updated emergency data sheet and updated medication list.</p>	<p>5/30/18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u></p> <p>Resident #1 emergency data sheet not updated with current medication, also list discontinued medication.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Made a list and placed it on my daily MAR book for my 5 clients that includes:</p> <ul style="list-style-type: none"> <li>- If a client becomes hospice, admission data sheet should be updated including the updated medication list</li> </ul>	<p>5/30/18</p>

Licensee's/Administrator's Signature: Macrina C. Cani  
Print Name: Macrina C. Castillo  
Date: 6/18/18