

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|  |   |
|--|---|
| <b>Facility's Name: Costales, Ruby</b>                             | <b>CHAPTER 100.1</b>                              |
| <b>Address:<br/>3374-A Maunaloa Avenue, Honolulu, Hawaii 96816</b> | <b>Inspection Date: September 28, 2017 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.**

RECEIVED

APR 09 2018

|                                     | Rules (Criteria)   | Plan of Correction  | Completion Date |
|-------------------------------------|--|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (a)<br/> 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><b><u>FINDINGS</u></b><br/> No label containing Resident #1's name, dosage, or frequency on bottle of physician ordered stool softener.</p> | <p style="text-align: center;"><b>PART 1</b><br/> <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>Yes. Handwritten label made with Name, dosage &amp; frequency <u>after</u> verifying with physician's order. (OTC) directions. w/ physician's signature on label.</p> | <p>3/30/18.</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 – PRN Tylenol ordered on 8/17/2017 not available.</p> | <p><b>PART 1</b><br/><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Yes deficiency was corrected.</i></p> <p><i>Medication was called in by primary MD to the pharmacy, after visit made w/ resident #1 &amp; licensee.</i></p> | <p><i>12/27/17</i></p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (g)<br/>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><b>FINDINGS</b><br/>Resident #1:</p> <ul style="list-style-type: none"> <li>• Reevaluation of medication orders on 8/22/2017 do not include medication dosages for 4 out of 9 medications.</li> <li>• No renewal or discontinuation of stool softener on 4 month medication order reevaluation.</li> </ul> | <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="text-align: center;"><i>emp v (RC)</i></p> <p><del>I reviewed</del></p> <p>Yes, deficiency was corrected.</p> <p>Physician &amp; licensee reviewed all medication orders and stool softener restarted at resident's follow up appointment.</p> <p>- I reviewed medication dosages on 8/22/2017 &amp; included the dosage in 4 out of 9 medications.</p> | <p style="text-align: right;">8/22/17</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3)<br/>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><br/>Monthly progress notes do not include Resident #1's diet or response to medications.</p> | <p><b>PART 1</b><br/><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Yes. it has been corrected.<br/>I have included in an addendum to residents progress notes.</i></p> | <p><i>1/8/18</i></p> |



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| <input checked="" type="checkbox"/> | <p>§11-100.1-19 <u>Resident accounts.</u> (d)<br/>           An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b><u>FINDINGS</u></b><br/>           Inventory of Resident #1's possessions last updated on admission two (2) years ago.</p> | <p style="text-align: center;"><b>PART 1</b><br/> <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="text-align: center;"><i>Yes.</i></p> <p style="text-align: center;"><i>All inventory included &amp; updated on inventory list. of resident's record.</i></p> | <p style="text-align: center;"><i>1/8/18.</i></p> |

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Licensee's/Administrator's Signature: *Ry Gatal*  
Print Name: Remy G Costales.  
Date: 1/16/10.

Licensee's/Administrator's Signature: *Ruby G. Costello*  
Print Name: Ruby G. Costello.  
Date: 3/30/18.

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