

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Marrhey</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-211 Loaa Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: April 13, 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.**

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d)            Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review</p> <p><b><u>FINDINGS</u></b>            Current menu not posted in the kitchen.</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="text-align: center;"><i>Yes, I post one menu in the kitchen and put one in the dining area.</i></p>	<p style="text-align: right;"><i>April 14, 2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d)            Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review</p> <p><b><u>FINDINGS</u></b>            Current menu not posted in the kitchen.</p>	<p style="text-align: center;"><b>PART 2</b>  <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 style="text-align: center;"><i>I will post in a visible            area that I can always            see (kitchen and dining).</i></p>	<p style="text-align: center;"><i>April 14, 2017</i></p>

	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><b><u>FINDINGS</u></b>  Bathroom – medication in vanity cabinet, unsecured; i.e., pharmacy dispensed container labeled “Q-Tussin DM Syrup”, over-the-counter medications “Glycerin Suppositories” and “Sterile Eye Drops”.</p>	<p style="text-align: center;"><b>PART 1</b>  <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><i>Yes, I removed all the medication in the vanity cabinet that are not ordered by the doctor and put inside my personal medicine cabinet, and I used my vanity cabinet for toothbrush + toothpaste in my client's bathroom.</i></p>	<p><i>April 14, 2019</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> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Discontinued and expired medication stored in the bathroom unsecured; i.e., pharmacy dispensed container "Q-Tussin DM Syrup" reads name of person who is not living in the facility and "Sterile Eye Drops" expired, 8/13.</p>	<p style="text-align: center;"><b>PART 1</b> <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><i>Yes, I threw away the discontinued and expired medication in the patient's bathroom that belongs to the person that is not staying in my care home.</i></p>	<p><i>April 14, 2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Discontinued and expired medication stored in the bathroom unsecured; i.e., pharmacy dispensed container "Q-Tussin DM Syrup" reads name of person who is not living in the facility and "Sterile Eye Drops" expired, 8/13.</p>	<p style="text-align: center;"><b>PART 2</b> <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><i>Medicine that are expired should be disposed like "sterile eye drops", (expired 8/13) in a trash can and medicine that is not used cause the patient is not living in the facility should be disposed too, and that's what I did so it will not happen again.</i></p>	<p style="text-align: right;"><i>May 10, 2018</i></p> <p style="text-align: right;"><b>RECEIVED</b></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1, medication administration record (MAR) does not reflect medication order; i.e. order reads, "Mometasone Furoate (Nasonex) 50 mcg spray ii sprays for each nostril <u>BID</u>". However, MAR reads, "Mometasone Furoate 50 mcg spray ii sprays for each nostril <u>BID PRN</u>".</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="text-align: center;"><i>Yes, I went to the doctor's office and ask him to make or write the order to clarify if it is BID PRN or just BID, he corrected with "Mometasone Furoate 50 mcg spray ii for each nostril BID PRN."</i></p>	<p style="text-align: center;"><i>April 17, 2017</i></p>



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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #1, no dates for TB skin test results or chest X-ray in current Tuberculosis (TB) Screening Attestation Form.</p>	<p style="text-align: center;"><b>PART 1</b> <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><i>Yes, I went back to the doctor's office and ask him to put the dates for TB skin test in current TB screening attestation form.</i></p>	<p><i>April 17, 2017</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #1, no dates for TB skin test results or chest X-ray in current Tuberculosis (TB) Screening Attestation Form.</p>	<p style="text-align: center;"><b>PART 2</b> <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 style="text-align: center;"><i>I leave Before, the doctor's office I will check the documentation to make sure it is well docu- mented, with the dates of the TB skin test result.</i></p>	<p style="text-align: right;"><i>April 17, 2017</i></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><b><u>FINDINGS</u></b> Resident #1, monthly progress notes read, "no change in medication". However, "PRN" medication listed in MAR as made available 104 times in 2016 (April, June, November, October, December) and 21 times in 2017 (February, March). No documentation in the progress notes to describe the need for or resident response to PRN medications made available.</p>	<p style="text-align: center;"><b>PART 1</b> <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><i>yes, I went back to the doctor's office explain that his order for PRN was written in the first order that he gave me and why the latterst one is not with PRN any more, he told me it is PRN and he overlooked it so he write another order with PRN.</i></p>	<p><i>april 17, 2017</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b><u>FINDINGS</u></b> Resident #1, no notation for physician visits; i.e., office visits made on 08/06/16, 10/22/16, 02/02/17 and 03/28/17.</p>	<p style="text-align: center;"><b>PART 1</b> <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><i>yes, I went back to the doctor's office to make a note for our visits made on 8/06/16 10/22/16, 02/02/17 and 3/28/17.</i></p>	<p><i>April 17, 2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
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Licensee's/Administrator's Signature: MCarlos

Print Name: Marcela Carlos

Date: Feb. 14, 2018

Licensee's/Administrator's Signature: MCarlos

Print Name: Marcela Carlos

Date: May 10, 2018

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Initial: \_\_\_\_\_