

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha Lifeline ARCH/E-ARCH	CHAPTER 100.1
Address: 91-983 Ikulani Street, Ewa Beach, Hawaii 96706	Inspection Date: October 3, 2018 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.

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> (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><u>FINDINGS</u> Resident #1, physician order reads, "Queatiapine 300 mg Q am." No label dispensed by pharmacy for 7/27/18 order. Medication made available from a pharmacy labeled bottle that reads, "Quetiapine 200 mg 1 tablet BID PRN as needed for agitation and sleep."</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>I got the citation because Cto's been using Queatiapine 200mg PRN for Queatiapine 300mg q AM. As per MD's instruction, Cto can use Queatiapine 200mg PRN for 300mg q AM by cutting 1 tablet to 1/2 a tablet and give client 1 1/2 tablet of Queatiapine.</p> <p>Cto to obtain written order for verbal instruction for Queatiapine 300mg q AM.</p>	<p>10/4/2018</p> <p>10/25/2018</p>

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☒	<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> Resident #1, resident emergency information sheet was incomplete and did not contain the resident's medical providers, dialysis provider and schedule, diet, TB screen and current medication.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>CFO got the citation due to an incomplete emergency information sheet & didn't contain the resident's medical providers, dialysis provider & schedule, diet, TB screen.</i></p> <p><i>Note: Client's current medications were listed on a separate sheets due to 2 pages of medications with client's POLST.</i></p> <p><i>CFO corrected the deficiency by updating the Resident Emergency Information sheet (ARCHIRS).</i></p>	<p>10/4/2018</p>

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RECEIVED
OCT 25 2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Resident #2, discharged (6/6/18) and readmitted (6/10/18.) No discharge and readmission dates in permanent register.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>CFO got the citation because of client's missing discharged (due to hospitalization) and client's readmission date at CFO's home in permanent register form.</i></p> <p><i>CFO corrected the deficiency by adding/writing the discharged/readmission of client's hospitalization in permanent register form.</i></p>	<p>10/4/2018</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><u>FINDINGS</u> Kitchen, no tight fitting lid for the garbage receptacle.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>CHO got the citation because of missing fitting lid for the garbage receptacle at CHO's kitchen. CHO bought and placed new garbage can for the kitchen.</i></p>	<p>10/4/2018</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1, care plan update incomplete. POLST (1/31/17) reads, "Do not attempt resuscitation." Case manager's 2018 care plan and monthly notes read, "Full Code."</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>CHO got the citation due to client's care plan update incomplete (eg. POLST) CHO notified RN CM of POLST issue during her visit dated 10/19/18.</i></p>	<p><i>Notified RN CM during her monthly visit dated 10/19/18</i></p>

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Licensee's/Administrator's Signature: Romera A. JORNAACION
Print Name: Romera A. JORNAACION
Date: 10/24/2018