

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pohai Nani 'Ahui Nani (E-ARCH)	CHAPTER 100.1
Address: 45-090 Namoku Street, Kaneohe, Hawaii 96744	Inspection Date: October 12, 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.**

STATE OF HAWAII  
DHEC  
STATE LICENSING

'18 OCT 29 P2:07

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> No documentation that PCG trained SCG#1 to SCG#28 to make prescribed medication available to residents.</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>All Certified Nursing Assistants (C.N.As) / Caregivers assigned to the ARCH at Pohai Nani are trained annually in Medication Administration by a Registered Nurse.</p> <p>Certificates of Completion (<sup>Revision</sup> attached) indicate that PCG/CHO has participated in required medication administration training.</p>	<p>10/23/18</p> <p style="text-align: right;">18 OCT 29 P 2:07</p>

STATE OF HAWAII  
DOH-DHCA  
STATE LICENSING

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> No documentation that PCG trained SCG#1 to SCG#28 to make prescribed medication available to residents.</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>All Certified Nursing Assistants (C.N.As)/ Caregivers assigned to the ARCH at Pohai Nani are trained annually in Medication Administration by a Registered Nurse.</p> <p style="text-align: center;">Revision</p> <p>Certificates of completion (attached) indicate that PCG/CHO has participated in required medication administration training.</p>	<p>10/23/18</p> <p style="text-align: right;">18 OCT 29 P 2:07</p> <p style="text-align: right;">STATE OF HAWAII DOP-CHOA STATE LICENSING</p>

RECEIVED

	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>  A box of Imodium was found on the resident's dresser in resident's Room #5</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><i>Box of Imodium removed from the residents room and placed into the medication cart and secured.</i></p>	<p style="text-align: center;">10/12/18</p>

STATE OF HAWAII  
DEPT. OF HEALTH  
STATE LICENSING

'18 OCT 29 P 2:07

RECEIVED

	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>  A box of Imodium was found on the resident's dresser in resident's Room #5</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>All caregiving staff assigned to the ARCH at Pohai nani has been notified that medication should not be left in the resident's room's. In addition staff will remind family members to turn in all medications to staff assigned to the ARCH to secure as per ARCH regulation. Memo attached.</p>	<p>10/12/18</p> <p style="text-align: right;">18 OCT 29 P2:07</p>

STATE OF HAWAII  
DOR-DHCA  
STATE LICENSING

RECEIVED

Licensee's/Administrator's Signature: \_\_\_\_\_

*[Handwritten Signature]*

Print Name: \_\_\_\_\_

Judith E. Matthews BEN DIAL ARCH

Date: \_\_\_\_\_

10-24-18

RECEIVED

18 OCT 29 P 2:07

STATE OF HAWAII  
DOH-DHCA  
STATE LICENSING