

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: R.K.C. ARCH	CHAPTER 100.1
Address: 91-938 Hanakahi Street, Ewa Beach, Hawaii 96706	Inspection Date: August 8, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
DOH-ORHA  
STATE LICENSING

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	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><b><u>FINDINGS</u></b> Resident #1 – “Benzonatate,” listed on Medication Administration Record (MAR) from September 15, 2017; however, no physician’s order for medication until November 28, 2017.</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;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">'18 AUG 22 P 6:43</p>

STATE OF HAWAII  
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f)  Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b>FINDINGS</b>  Resident #1 – “Acetaminophen,” ordered in February 2017, not listed on MAR during October and November 2017, despite having a current order.</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;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f)  Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u>  Resident #1 – “Acetaminophen,” ordered in February 2017, not listed on MAR during October and November 2017, despite having a current order.</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><i>Future Plan, I will <del>make</del> review medication record every month and cross reference it to the physician order to make sure order are the same.</i></p> <p><i>Any changes with order should be addressed accordingly.</i></p>	<p style="text-align: right;">12/13/2018</p> <p style="text-align: right;">18 DEC 13 AM 1:06</p> <p style="text-align: right;">STATE OF MICHIGAN  DORIS J. COLE  STATE LICENSING</p> <p style="text-align: right;">RECEIVED</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) 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><u>FINDINGS</u></b> Resident #1 – “Esomeprazole Magnesium,” ordered on December 11, 2017, not on medication reevaluations until June 8, 2018.</p>	<p style="text-align: center;">PART 2</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 style="text-align: center;">Future plan : I will make a list of Residents current medication to bring it to doctor office every three month for re-evaluation.</p> <p style="text-align: center;">Any changes with order should be addressed accordingly.</p>	<p style="text-align: right;">12/13/2018</p> <p style="text-align: right;">18 DEC 13 AM 1:06</p>

STATE OF MISSISSIPPI  
DOH-DJCCA  
STATE LICENSING

APPROVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out.</p> <p><b><u>FINDINGS</u></b> According to monthly height and weight record, Resident #1 gained eleven (11) pounds in one (1) month, from January to February 2018. No documented evidence that the resident's physician was notified.</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;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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STATE OF IOWA  
BOH-DACA  
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Licensee's/Administrator's Signature: Josephine M. Fitzgerald

Print Name: Josephine Fitzgerald

Date: 12/13/2018

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STATE OF HAWAII  
BOH-DHCA  
STATE LICENSING

Licenses Administrator's Signature: Josephine Fitzgerald

Print Name: Juz

Date: 8/20/2018

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STATE OF HAWAII  
DOH-OHICA  
STATE LICENSING

Licensee's/Administrator's Signature: Jmf

Print Name: Josephine Fitzgerald

Date: 8/25/2018