Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Villar, Marylin (ARCH)	**CHAPTER 100.1**
Address: **94-242 Pupukahi Street, Waipahu, Hawaii 96797**	**Inspection Date: November 2, 2017 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) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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MAY 0 3 2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 - "chlorthalidone 25 mg 1/2 tabs" were in an unlabeled bottle.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Chlortalidone 1/2 tabs. puts back to the same bottle with the label on the resident's Medication Bottle.	8/2/18

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☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 - "chlorthalidone 25 mg 1/2 tabs" were in an unlabeled bottle.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will make sure to put it back the 1/2 tabs in the original or the same bottle with label with the 25mg. in the Resident's medication bottle. 8/2/18	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 - "lisinopril 5 mg 1 tab daily" ordered. • The June 2017 medication record did not have the time of day recorded. • The medication record was not initialed as taken 1/3/17, 2/22/17, and 4/26/17.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I added the time of day for the lisinopril medication on the June 2017 medication record. I initialed the medication record for the days that were missed.	1/18/19

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STATE OF HAWAII

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 - "lisinopril 5 mg 1 tab daily" ordered. • The June 2017 medication record did not have the time of day recorded. • The medication record was not initialed as taken 1/3/17, 2/22/17, and 4/26/17.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** On the future, I will make sure to double check the time if its recorded after taking the Resident's medication on the Resident's Medication Record. On the future, I'll make sure to review or double check if I initial my name after taking the Resident's medication on the Resident's Medication Record.	8/2/18 8/2/18

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 - "allopurinol 100 mg 2 tabs daily" ordered; however, the medication record was not initialed as taken on 12/19/16 and 1/3/17.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** After the inspection, I initialed the medication record.	1/18/19

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 - "allopurinol 100 mg 2 tabs daily" ordered; however, the medication record was not initialed as taken on 12/19/16 and 1/3/17.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will make sure to initial it after taken by the Residents medication and also double check again if its initial on the Residents Medication Record.	8/2/18

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 - "colchicine 0.6 mg 1 tab daily" ordered; however, the medication record was not initialed as taken 1/3/17.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I initialed the medication record after the inspection.	1/18/19

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 - "cholecalciferol (D-3) 400 units 2 tabs daily" ordered. • The strength was not recorded on the medication records from December 2016 to November 2017. • The medication was not initialed as taken (a.m.) 1/3/17, 10/30/17, and 10/31/17.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** After the inspection wrote the strength for the cholecalciferol on the November 2017 medication record and I initialed the missing date for the medication ~~taken~~ taken.	1/18/19

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 - "tamsulosin 0.4 mg 1 cap daily" ordered; however, no time of day recorded on the May 2017, June 2017, and July 2017 medication records.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** after the inspection & write the time of the day the medication taken by the resident.	1/19/19

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 - "glipizide 10 mg 1 tab twice a day 30 minutes before a meal" ordered. • The medication record noted that the medication is taken at 5:30 p.m. Dinner is served at 5:30 p.m. • The medication record was not initialed as taken 1/3/17, 4/30/17, and 8/1/17.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** after the inspection I corrected the time of the day the medication taken by the resident 5:00 PM after the inspection medication record initialed for the days identified.	1/18/19

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☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 - "glipizide 10 mg 1 tab twice a day 30 minutes before a meal" ordered. • The medication record noted that the medication is taken at 5:30 p.m. Dinner is served at 5:30 p.m. • The medication record was not initialed as taken 1/3/17, 4/30/17, and 8/1/17.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make sure to read the order / instruction and record it on the medication record as written. 1/18/19 I will double check to make sure I initialed the medication record after I gave the medication. 1/18/19	

STATE OF HAWAII
DEPT OF HEALTH
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 - Progress notes did not include attendance at a VA class two (2) days a week (since August 2017 to current) and Clubhouse in Waipahu three (3) days a week.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I have to document the days how often he go out a walk at the VA and at Waipahu club House on the Resident's Progress Note.	8/2/18

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☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 - Progress notes did not include attendance at a VA class two (2) days a week (since August 2017 to current) and Clubhouse in Waipahu three (3) days a week.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** On the future, I will make sure to document in Resident Progress note how often he attended his VA class or my activities in the Clubhouse per days a week.	5/1/18

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; **FINDINGS** Resident #1 - Blue ink used on the September 2017 medication record.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Use black ink in recording the Resident's medication record and put away all the blue ink in a seperate containers.	8/2/18

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. **FINDINGS** Resident #1 - White-out used on the December 2016, June 2017, and August 2017 medication records.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Do not use white out in correcting the errors on the resident's medication record and put away or keep it in different container.	8/21/18

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☒	§11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. **FINDINGS** Resident #1 - White-out used on the December 2016, June 2017, and August 2017 medication records.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will make sure not to use white out in the resident's medication record and keep away in different place to avoid using it.	5/1/18

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MAY 03 2018

Licensee's/Administrator's Signature: _____

Print Name: MARLIN VILLAR

Date: 5/1/18

Licensee's/Administrator's Signature: _____

Print Name: MARYLIN VILLAR

Date: 8/2/18

Licensee's/Administrator's Signature: _____

Print Name: MARLIN VILLAR

Date: 1/16/19

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MAY 03 2018