

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Mildred's ARCH/E-ARCH</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-1273 Peke Place, Waipahu, Hawaii 96797</b>	<b>Inspection Date: March 29, 2019 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.**

**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.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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>  Resident #1 – “Acetaminophen 325mg tab,2 tabs by mouth every 8 hours prn pain or fever,” ordered on 2/11/2019 by a physician. Medication label stated, “Acetaminophen 325mg tab, 2 tabs PO 4 times daily &amp; 2 tabs every 4 hours prn pain/fever 100 &amp; above. Max 4gms Tylenol/day.”  <b>Physician order and medication label does not match.</b></p> <p>“Continue giving Furosemide 20mg tab, 1 tab PO daily,” was ordered on 2/26/2019. Medication label stated, “Furosemide 20mg tab PO every AM for 3 days.”  <b>Physician order and medication label does not match.</b></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>	

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<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>  Resident #1 – “Acetaminophen 325mg tab,2 tabs by mouth every 8 hours prn pain or fever,” ordered on 2/11/2019 by a physician. Medication label stated, “Acetaminophen 325mg tab, 2 tabs PO 4 times daily &amp; 2 tabs every 4 hours prn pain/fever 100 &amp; above. Max 4gms Tylenol/day.”  <b>Physician order and medication label does not match.</b></p> <p>“Continue giving Furosemide 20mg tab, 1 tab PO daily,” was ordered on 2/26/2019. Medication label stated, “Furosemide 20mg tab PO every AM for 3 days.” <b>Physician order and medication label does not match.</b></p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	

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

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

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