

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fabia ARCH-EC, LLC	CHAPTER 100.1
Address: 94-301 Hilihua Way, Waipahu, Hawaii 96797	Inspection Date: April 17, 2020 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.**

APR 17 2020 11:23 AM

	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><u>FINDINGS</u> Resident #1 –</p> <ul style="list-style-type: none"> <li>• “Ingrezza 40mg PO Daily” ordered on 8/8/19, however, medication listed on medication administration record (MAR) and initialed as given from 8/1/19 to 8/7/19.</li> </ul>	<p style="text-align: center;">PART 1</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: right;">7/21/19 11:54</p>

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<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 –</p> <ul style="list-style-type: none"> <li>• “Ingrezza 40mg PO Daily” ordered on 8/8/19, however, medication listed on medication administration record (MAR) and initialed as given from 8/1/19 to 8/7/19.</li> </ul>	<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>To prevent this deficiency from occurring in the future, I, the primary caregiver will ensure proper dates are documented when medication is given to the resident and provided proper training to all my subcaregivers. Moving forward, I shall cross check and reference dates ordered to ensure medications provided properly per Dr. order.</p>	<p>4/17/2020</p>

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<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><u>FINDINGS</u> Resident #1 –</p> <ul style="list-style-type: none"> <li>No discontinue ordered available for review for “Ingrezza 40mg PO Daily”. MAR indicates the last day given to resident was 10/9/19.</li> </ul>	<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;">yes, primary caregiver had doctor provide <sup>NF</sup> order of past, for medication discontinued.</p>	<p style="text-align: center;">04/17/2020</p>

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<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 –</p> <ul style="list-style-type: none"> <li>MAR does not consistently list the indications for all routine/PRN medications.</li> </ul>	<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;">yvo, primary caregiver updated the MAR and trained subcaregivers on how to list ALL routine/ PRN medications that are ordered and supported by the doctor's order.</p>	<p style="text-align: center;">04/17/2020</p>

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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><u>FINDINGS</u> Resident #1 - "Ipratropium/Albuterol 0.5mg 3g/3ml via nebulizer, inhale 1 ampule as directed q 4hrs as needed for wheezing" not listed on April 2020 MAR.</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;">yes, I immediately primary caregiver Adjusted MAR to current Doctor's orders for Resident. primary caregiver trained subcaregiver how to properly transcribe medication ordered by Doctor.</p>	<p style="text-align: center;">4/17/20</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 - "Ipratropium/Albuterol 0.5mg 3g/3ml via nebulizer, inhale 1 ampule as directed q 4hrs as needed for wheezing" not listed on April 2020 MAR.</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>primary caregiver will ensure to cross check doctor's orders the day of when ordered and transcribe medication right away. primary caregiver will also have subcaregiver assist with cross checking the doctor's orders and medication list.</p>	<p>4/17/2020</p> <p style="text-align: right; vertical-align: bottom;">19-0117-02</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><b><u>FINDINGS</u></b>  Resident #1 - MAR for 1/2020 and 2/2020 included photo copied initials, and was not initialed when taken by resident.</p>	<p style="text-align: center;">PART 1</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: right;">4/17/2020</p>

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Licensee's/Administrator's Signature: Ninfa C Fabia

Print Name: NINFA FABIA

Date: 05/20/2020

Licensee's/Administrator's Signature: nfabia

Print Name: NINFA C FABIA

Date: 06/17/2020

05/20/2020  
06/17/2020