

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Felarca Care Home, LLC	CHAPTER 100.1
Address: 4679 Likini Street, Honolulu, Hawaii 96818	Inspection Date: July 14, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Resident #1- Medication not segregated according to internal and external use. Medication segregated during inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, ARCH CHO and PCG will verify medications route of use types and segregate medications as external or internal in seperate containers. These containers include use of plastic film baggies to seperate external medications from internal ones to prevent cross contamination of medications. A semi-annual check-up shall occur and both CHO and PCG will review all medications for all residents and appropriately segregate medications to 11-100.1-15 (c) rules. If current medication box is insufficient in space kitchen lockout medication cabinet will also be employed to safeguard prescribed medications. ARCH electronic calendars will have quarterly reminders to check residents physical medications to ensure compliance with DOH rules and regulations.</p>	<p style="text-align: right;">08/12/20 <i>DT</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Resident #1- Medication not segregated according to internal and external use. Medication segregated during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	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- Namenda 5 mg tab by mouth twice a day, re started on 7/16/19. Medication not recorded on medication administration record from 7/16/19 to July 2020 Medication administration record.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Charts was reviewed and found Physician/ APRN Orders pertaining to Expanded ARCH resident and found restart date of medication as prescribed by physician. Resident medication was earlier D/C'd, namenda 5mg, on 6/XX/2019 but restarted on 7/16/2019. This was also verified with ordering physician's office. Prescription bottle and it's prescribing orders were verified as well. Medication was begin given as prescribed but was not added to MAR (Medication Administration Record) due to clerical error of CHO. CHO added on missing medication onto current MAR and updated missing information upon validation with DOH Annual Inspection.</p>	<p style="text-align: right;">08/12/20 <i>DOH</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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>FINDINGS Resident #1- Namenda 5 mg tab by mouth twice a day, re started on 7/16/19. Medication not recorded on medication administration record from 7/16/19 to July 2020 Medication administration record.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future both CHO and PCG will conduct quarterly reviews of residents MARs. If the resident is an expanded ARCH level resident case management nurse will be asked to review and verify MAR and ensure proper recording of medications. Case management review maybe conducted every month during case management visits or during quarterly meetings when reviewing physician/ APRN orders. ARCH electronic calendars will have quarterly reminders to check residents charts to ensure compliance with DOH rules and regulations.</p>	<p style="text-align: right;">08/12/20 <i>Dot</i></p>

Licensee's/Administrator's Signature: Daniel V. Felarca

Print Name: Daniel Felarca

Date: August 12th, 2020