

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: All Hearts ARCH, L.L.C.	CHAPTER 100.1
Address: 5962 Kawaihau Road, Kapaa, Hawaii 96746	Inspection Date: January 21, 2021      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.**

STATE OF HAWAII  
DH-0HCA  
STATE LICENSING  
APR 22 4:14

	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 #2, No physician/APRN signed order to stop use of "Hydrocortisone 2.5% Cream prn for itching up to TID". However, the medication administration record (MAR) reads, "medication discontinued".</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><i>Order to discontinue Hydrocortisone 2.5% cream PRN for itching up to TID obtained on 01/28/21</i></p>	<p style="text-align: center;"><i>01/28/21</i></p> <p style="text-align: center;"><b>21 MAR 22 04:14</b></p> <p style="text-align: center;"><b>STATE OF HAWAII DOH-OHCA STATE LICENSING</b></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 #2, No physician/APRN signed order to stop use of "Hydrocortisone 25% Cream prn for itching up to TID". However, the medication administration record (MAR) reads, "medication discontinued".</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>① PCG to review PRN medications at least every FOUR months</p> <p>② If a PRN medications not been used for at least a year, PCG to obtain a telephone order from PCP/APRN to discontinue the PRN medications</p> <p>③ PCG to make a reminder on the Calendar to bring telephone order to the next appointment with PCP/APRN for signature</p> <p>④ PCG to cross out on the calendar if OTC order was obtained</p> <p>⑤ SCG to check Calendar at the end of the month of any reminders</p>	<p style="text-align: right;">01/28/21</p> <p style="text-align: right;">21 MAR 22 PM 4:14</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DOH OHCA STATE LICENSING</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 #2, medication re-evaluation and signed every four months; i.e. 7/9/20 to 1/8/21 is a period of 6 months. No evidence of an APRN/MD order to return for re-evaluation every six months.</p>	<p style="text-align: center;"><b>PART 1</b></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> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: center;">21 MAR 22 P 4:14</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b><u>FINDINGS</u></b> Resident #2, no evidence of documentation for the reason a PRN medication was given and the resident's response. I.e.,</p> <ol style="list-style-type: none"> <li>1. July PRN medication made available 20 times</li> <li>2. August PRN medication made available 26 times.</li> </ol>	<p style="text-align: center;"><b>PART 1</b></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>	<p style="text-align: center;">21 MAR 22 P 4:14</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

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☒	<p>§11-100.1-17 <u>Records and reports.</u> (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. Resident #1</p> <p><b>FINDINGS</b>  Resident #1, record was not readily available. .I.e. Substitute care giver reported, "the Primary Care Giver needed it for the COVID-19 vaccination."</p>	<p style="text-align: center;"><b>PART 1</b></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>	



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Licensee's/Administrator's Signature: Laaine Rabaino

Print Name: LA AINE RABAINO

Date: 3/18/

21  
MAR 22 4:34  
STATE OF HAWAII  
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