

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Gacula, Jessie (ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 55 Ahona Place, Hilo, Hawaii 96720</b>	<b>Inspection Date: March 2, 2021 – 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.**

MAR 17 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS</b>  Resident #1 – unlabeled bottle of “Fanapt 1 mg” in resident medication bin.</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>	

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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 – prescription bottle label read, “Tamulosin HCl 0.4 mg take 1 capsule by mouth <u>twice daily</u>.” However, physician order dated 02/18/21 read, “Tamulosin 2 caps at <u>HS</u>.”</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 PUT A NOTE ON THE MEDICATION BOTTLE REGARDING THE CHANGE OF THE DOCTOR'S ORDER DATED FEB. 18. 2021 TO 2 CAPSULES BY MOUTH DAILY AT BEDTIME TO AVOID MISTAKE.</p>	<p>3-9-21</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 – physician order dated 02/18/21 read, “Trazodone 50 mg 1 tab qd 1 hr before HS pm.” However, no medication available.</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 CALLED THE PHARMACY TO PICK UP MEDICATION TRAZODONE. I WENT TO THE PHARMACY YESTERDAY TO PICK UP BUT MEDICATION IS NOT READY FOR REFILL DUE TO INSURANCE COVERAGE POLICY. AS OF THIS TIME I STILL HAVE MEDICATION TRAZODONE ON HAND TO COVER FOR THE LAST DAY.</p>	<p style="text-align: center;">3-1-21</p>

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Licensee's/Administrator's Signature: Jessie P. Gacula

Print Name: JESSIE P. GACULA

Date: MARCH 9 2021

MAR 17 2021