

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Justo, Charing (ARCH)	CHAPTER 100.1
Address: 28-2865 Kukuikea Place, Pepeekeo, Hawaii 96783	Inspection Date: April 14, 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) 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> (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 – January – March 2021 medication records read:</p> <ul style="list-style-type: none"> • “Dynista Nasal Spray, Spray 1 spray in each nostril BID prn” <p>However, medication was discontinued on 12/11/20.</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> (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 – January – March 2021 medication records read:</p> <ul style="list-style-type: none"> • “Dynista Nasal Spray, Spray 1 spray in each nostril BID prn” <p>However, medication was discontinued on 12/11/20.</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><i>Check and review the doctor's order and be sure to update the list of medications that are discontinued, changed or added. Then make a new list of medications right on the date of any change.</i></p>	<p style="text-align: right;"><i>5-11-21</i></p>

Licensee's/Administrator's Signature: Charing R. Justo

Print Name: Charing R. Justo

Date: 4-23-21

Licensee's/Administrator's Signature: Charing R. Justo

Print Name: Charing R. Justo

Date: 5-13-21