

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jesusa Quinabo ARCH #II	CHAPTER 100.1
Address: 1805 Hookupa Street, Pearl City Hawaii 96782	Inspection Date: June 2, 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>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> The temperatures read for two (2) refrigerators were not maintained at an acceptable temperature. For example,</p> <ul style="list-style-type: none"> • Refrigerator #1, reading at the shelf (53°F) and the door (59°F) were not below 45°F. • Refrigerator #2, reading at the shelf (46°F) and the door (48°F) were not below 45°F. 	<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 style="text-align: center;"><i>Bought 2 new thermometers for the 2 refrigerators</i></p>	<p style="text-align: center;"><i>6/3/20</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Resident #1, physician signed order and medication label do not match. Care giver made changes to the label. I.e.:</p> <ul style="list-style-type: none"> • Order (4/9/20) reads, "Trazadone 200 mg po QHS" • Pharmacy label filled on 5/27/20 reads, "Trazadone 150 mg ii po QHS" • Change to label reads, "phone order 4/9/20. Give 150 mg i tab + 1/3 tab po QHS" initialed by MD. 	<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>	

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	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>FINDINGS Resident #1, no separate compartments for external and internal medications. For example, "Nystatin 100K unit/gm topical cream" in a box with the current oral medications.</p> <p>Note: This is a recurring citation from 2019.</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>1.) Removed Nystatin Cream from the box of oral medications.</p> <p>2.) Provided another receptacle for Nystatin</p> <p>3.) Placed on the medication cabinet.</p> <p>4.) Scoured with podlax</p>	<p>6/3/20</p>

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Licensee's/Administrator's Signature:

Jesusa Quiñado

Print Name:

JESUSA QUINADO

Date:

6/30/20