

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aina Haina Quality Living	CHAPTER 100.1
Address: 5304 Limu Place, Honolulu, Hawaii 96821	Inspection Date: September 9, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (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. <u>FINDINGS</u> Resident #1 – Order for Tylenol states, “325 mg – 2 tabs orally every 4 hours as needed.” Tylenol label states, “325 mg – 2 tabs orally every 6 hours as needed.” Medication order and label do not match.	<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>Direction sticker change placed on the medication label to alert staff that medication label and order did not match. Staff oriented that in such case of discrepancy, to follow directions indicated in medication order .</p> <p>Medication refill received from Pharmacy bearing label matching to the medication order and parameter.</p>	<p style="text-align: center;">9/10/2020</p> <p style="text-align: center;">10/3/2020</p>

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<input checked="" type="checkbox"/> §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. FINDINGS Resident #2 -- Medications not reevaluated and signed every 4 months.	<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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<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; <u>FINDINGS</u> Resident #2 – No current tuberculosis clearance.	<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>PCP contacted. Annual TB test scheduled with PCP - to be done as soon as possible during house call visit to avoid exposing resident to COVID-19 if taken to the clinic.</p>	<p style="text-align: center;">10/13/2020</p>

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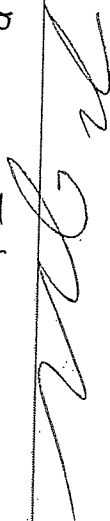
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<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include: Entries describing treatments and services rendered; <u>FINDINGS</u> Resident #1 – No monthly weight record for July and August 2020.	<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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Licensee's/Administrator's Signature:



Print Name:

Ryan Jabs

Date:

10/15/20

Licensee's/Administrator's Signature:



Print Name:

Ryan Jabs

Date:

12/21/20