

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E. Mabimi ARCH	CHAPTER 100.1
Address: 94-1083 Kuhaulua Street, Waipahu, Hawaii 96797	Inspection Date: February 20, 2020 Annual

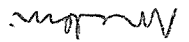
THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

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. FINDINGS Resident #1 – Medication order parameters for Propranolol state, "Hold for SBP < 90, DBP < 60, or HR < 60;" however, medication label parameters state, "Hold for SBP < 90, DBP < 60, or HR < 50." 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 style="text-align: center;"><i>see attached</i></p>	<p style="text-align: center;"><i>2-26-2020</i></p>

Care home Operator contacted the pharmacist regarding the protocol for propranolol. Informed that the doctor's order did not match the label. Pharmacist said she will call the doctor to verify the order. After the pharmacist verified the order, the corrected parameter was sent to the care home. Care home operator received the corrected label. Old label removed and attached the corrected label to match with the doctors order.

Completion Date: February 26, 2020



RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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1. Care home operator to compare medication labels with the doctor's orders when medications are being delivered.
2. Care home operator to make sure the doctors orders, medication labels and the medication administration record match each other.
3. Contact the MD and or the pharmacist if labels do not match the MD order

A handwritten signature in black ink, appearing to read "M. Lewis".

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports, (b)(3)</u> During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; <u>FINDINGS</u> Resident #1 – Monthly progress notes do not include observations of the resident's response to medications.	<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
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1. Care home operator to write observations of the resident's response of the medications administered on the progress notes
2. Instruct substitute caregivers to report to the care home operator any other observations of the resident's response of the administered medications
3. Contact the doctor if an adverse reaction is noted

A handwritten signature in black ink, appearing to read 'M. Brown'.

Licensee's/Administrator's Signature: Ameline

Print Name: Eder S. Malini

Date: 3-05-2020