

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|  |                                       |
|--|---------------------------------------|
| Facility's Name: Negrillo ARCH & EARCH LLC       | CHAPTER 100.1                         |
| Address: 4719 Opukea Street, Lihue, Hawaii 96766 | Inspection Date: April 1, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII  
DOH-CHCA  
STATE LICENSING  
21 APR 28 AM 1:39

| RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion<br>Date                            |
|---|--|---|
| <input checked="" type="checkbox"/> §11-100.1-15 Medications: (a)<br>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.<br><br><b>FINDINGS</b><br>Resident #1 – Medication bottle for Amlodipine 2.5mg has been written on and Oxybutynin 5mg has a sticker with new order over previous order. | <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>Corrected deficiency on 04/05/2021. New prescription bottle obtained with proper pharmacy label.</p> | <p style="text-align: center;">04/05/2021</p> |

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| <input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (a)<br>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 residents' bathrooms or bedrooms.<br><br><b><u>FINDINGS</u></b><br>Resident #1 – Medication bottle for Amlodipine 2.5mg has been written on and Oxybutynin 5mg has a sticker with new order over previous order. | <p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To ensure the deficiency doesn't happen again, upon admission and with new/changes in medication orders, I will inspect each medication bottle and ensure it has a pharmacy label that reflects the physician's orders.</p> <p style="text-align: right;">STATE OF HAWAII<br/>DOH-CHCA<br/>STATE LICENSING</p> | <p style="text-align: right;">04/05/2021</p> <p style="text-align: right;">21 APR 28 AM 1:39</p> |

| RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date  |
|---|---|--|
| <input checked="" type="checkbox"/> §11-100.1-83 Personnel and staffing requirements. (5)<br>In addition to the requirements in subchapter 2 and 3:<br><br>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.<br><br><b>FINDINGS</b><br>Substitute Care giver #3 and #4 did not complete the required 12 hours of continuing education hours. | <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>Deficiency corrected on 04/10/2021. Both substitute care giver obtained additional 3 hours to complete the full 12 hours of continued education.</p> <p style="text-align: right;">STATE OF HAWAII<br/>DOH-ONCA<br/>STATE LICENSING</p> | <p style="text-align: right;">04/10/2021</p> <p style="text-align: right;">21 APR 28 AM 1:39</p> |

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|  | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|--|------------------|--------------------|-----------------|
|  |                  |                    | 4-10-21         |

Licensee's/Administrator's Signature: *Shirley Negru*

Print Name: SHIRLEY NEGRU

Date: 04-18-2021

STATE OF HAWAII  
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