

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: AI ARCH	CHAPTER 100.1
Address: 1329 Ala Aolani Street, Honolulu, Hawaii 96819	Inspection Date: December 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

32 JAN -7 P1:04

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – For the months of 1/2021 to 7/2021 the dose on the Medication administration record (MAR) was incorrect. MAR read, “levothyroxine 75mg” however, should have read levothyroxine 75mcg”.</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 style="text-align: center;"><i>I correct deficiency by correcting the Mar.</i></p> <p style="text-align: center;"><i>I have included in my Mar and notes. Reminding me and my care giver. That levothyroxine should be mcg instead of mg.</i></p>	<p style="text-align: center;"><i>1/7/2022</i></p> <p style="text-align: center;"><i>1/7/2022</i></p> <p style="text-align: center;">22 JAN -7 P1 :05</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – For the months of 1/2021 to 7/2021 the dose on the Medication administration record (MAR) was incorrect. MAR read, “levothyroxine 75mg” however, should have read levothyroxine 75mcg”.</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 style="text-align: center;"><i>In the future I have included in my Mar. My notes reminding me and my substitute caregiver to double check that levothyroxine dose should be mcg. instead of mg.</i></p>	<p style="text-align: right;"><i>1/7/2022</i></p> <p style="text-align: right;">22 JAN -7 P1:05</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p>FINDINGS Resident #1 – Activity records were not handwritten or typewritten. Records from 1/2021 through 11/2021 were photocopies of the 12/2020 activity sheet.</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> <p>I have retrained my substitute care giver how to appropriately fill out the Activity sheet. No photo cop.</p> <p>to prevent from not happening again both my self and my care giver will double check on a monthly basis.</p>	<p>1/7/2022</p> <p>1/7/2022</p> <p>22 JAN -7 P 1:05</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII DOH-CHOCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Emergency information is incomplete. Case Manager name and contact information missing.</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 style="text-align: center;">I have updated the Emergency Information</p> <p style="text-align: center;">To. Prevent from not happening again Both my caregiver and my self will double check. upon admission.</p>	<p style="text-align: right;">1/7/2022</p> <p style="text-align: right;">1/7/2022</p> <p style="text-align: right;">22 JAN -7 P1:05</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services: (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p>FINDINGS Resident #1 – RN care manager care plan six (6) month reassessment indicates incorrect medication dose. Care plan reads resident is taking “Levothyroxine 75mg”, however, resident is taking “Levothyroxine 75mcg”.</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 style="text-align: center;">We correct deficiency by correcting the MAR and care plan on a monthly basis.</p> <p style="text-align: center;">I have included in my notes and read and review with my case manager on a monthly basis. That levothyroxine dose should be mcg. instead of mg.</p>	<p style="text-align: center;">1/7/2022</p> <p style="text-align: center;">1/7/2022</p> <p style="text-align: right;">22 JAN -7 P1:05</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

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STATE OF ILLINOIS
 DEPARTMENT OF
 PROFESSIONAL
 REGULATION
 STATE LICENSING

Licensee's/Administrator's Signature: Josephine Harris

Print Name: Josephine Harris

Date: 1/7/2022

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

22 JAN -7 P 1:05