

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Viernes, May (ARCH)	CHAPTER 100.1
Address: 94-1184 Hina Street, Waipahu, Hawaii 96797	Inspection Date: November 15, 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-CHS
STATE LICENSING

21 NOV 26 P2:18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p>FINDINGS Bedroom #3 – Food items stored on bedroom floor (e.g., container of Cheerios, package of trail mix, containers of nuts)</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>yes, I stored the container of food items in the shelves and cabinet.</p>	11/15/21

STATE OF HAWAII
DOH-CHS
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NOV 26 P2:18

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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 – Container of resident's medications found stored on dining table</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>Yes</i></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I stored all the medications in locked cabinet.</i></p>	<p><i>11/5/21</i></p>

STATE OF HAWAII
DOH-CRCA
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21 NOV 26 P2:18

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<input checked="" type="checkbox"/>	<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>FINDINGS Resident #1 – The following medication orders prescribed by physician on 9/2/21 were incomplete:</p> <ul style="list-style-type: none"> • “Docusate Sod. 100mg. 1 cap. Bid. Prn” (PRN reason unavailable) • “Pain Relief Rub apply to affected area qd. Prn” (PRN reason unavailable) • “OTC Acetaminophen 500mg 1 tab q4hrs prn” (PRN reason unavailable) • “OTC Vit E 1 cap qd” (dosage unavailable) • “OTC Omega 3 Fish oil 1 cap qd” (dosage unavailable) <p style="text-align: right;">STATE OF MAHARASHTRA DOH-CHS STATE LICENSING</p> <p style="text-align: right;">21 NOV 26 P2:18</p>	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Resident went to see PCP for headache follow up on 11/19/21. Clarified with the doctor regarding indication of medications as well as the dosages and included in the MAR the indication correct dosage each medication.</i></p>	<p><i>11/19/21</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 – Response to daily and PRN medications on monthly progress notes unavailable between 11/2020-10/2021.</p> <p>STATE OF HAWAII DOH-CCHO STATE LICENSING</p> <p>21 NOV 26 P2:18</p>	<p>PART 1</p> <p>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>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drills were not performed at various times in the day, specifically in the evening between 1:01pm-7:30am, between 12/2020-11/2021</p> <p>STATE OF HAWAII DOH CHCA STATE LICENSING</p> <p>21 NOV 26 P 2:19</p>	<p>PART 1</p> <p>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: May G. VERNES

Print Name: MAY G. VERNES

Date: 11-26-21

STATE OF HAWAII
DOH-DHCA
STATE LICENSING
21 NOV 26 P2:19

Licensee's/Administrator's Signature: May G. Vienes

Print Name: MAY G. VERNES

Date: 12/21/21

21 DEC 22 P2:52
STATE OF MICHIGAN
DIVISION OF
STATE LICENSING