

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b>  <b>The Exclusive Addiction Treatment Center</b>	<b>CHAPTER 98</b>
<b>Address:</b> <b>31-631 Old Mammalahoa Highway, Hakalau, Hawaii 96710</b>	<b>Inspection Date: December 20, 2021 – Annual</b>

**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  PART 1	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-98-10 <u>Minimum standards for licensure; administrative and organizational plan.</u> (e) Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p><b><u>FINDINGS</u></b> Distribution of Medications: "Policy: 2. Medications will be dispensed to the Clients per recommendations made by the prescribing physician." Resident #1 – physician order dated 12-06-21 read, "Irbesartan 150 mg 1 ½ tab daily (Client takes in divided dose ½ tab @ 1 pm whole tab @ 3 pm)" However, the daily medication record reflected the following:</p> <ul style="list-style-type: none"> <li>12-07-21 – "Irbesartan 150 mg tablet take one half (75 mg) at 10 am &amp; take 1 tablet (150 mg) at 3 pm"</li> <li>12-08-21 – 12-15-21 - Irbesartan 150 mg tablet take one half (75 mg) at 10 am &amp; take 1 tablet (150 mg) at 3 pm" initialed as administered "At <u>Breakfast (with food) and At Lunch (with food).</u>"</li> </ul>	<p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure; administrative and organizational plan.</u> (c)</p> <p>Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p><b>FINDINGS</b></p> <p>Distribution of Medications: "Policy: 2. Medications will be dispensed to the Clients per recommendations made by the prescribing physician."</p> <p>Resident #1 – physician order dated 12-06-21 read, "Irbesartan 150 mg 1 ½ tab daily (Client takes in divided dose ½ tab @ 1 pm whole tab @ 3 pm)" However, the daily medication record reflected the following:</p> <ul style="list-style-type: none"> <li>• 12-07-21 – "Irbesartan 150 mg tablet take one half (75 mg) at 10 am &amp; take 1 tablet (150 mg) at 3 pm"</li> <li>• 12-08-21 – 12-15-21 - Irbesartan 150 mg tablet take one half (75 mg) at 10 am &amp; take 1 tablet (150 mg) at 3 pm" initialed as administered "At Breakfast (with food) and At Lunch (with food)."</li> </ul>	<p><b>PLAN OF CORRECTION</b></p> <p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>updated training to include medications to be administered as ordered and ensuring rights are being done with each medication administration; started contract with Phar-Merica 03/22 and meds come in blister packs; we will no longer have meds "prepared" prior to administration.</i></p>	<p><i>3/11/22</i></p>

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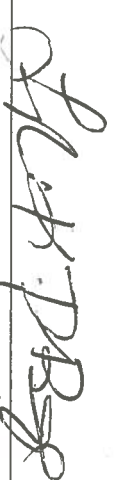


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Licensee's/Administrator's Signature:



Print Name:

Leslie K. Purdy-Rivera

Date:

3/11/2022