

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Martin Obaldo (ARCH)	CHAPTER 100.1
Address: 94-572 Apii Place, Waipahu, Hawaii 96797	Inspection Date: March 11, 2022 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.

22 JUN -7 P1:31

	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 – There were no ISP (2021 and 2022) for department review.</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>IN THE FUTURE, I WILL CONTINUE TO FOLLOW UP WITH THE CM UNTIL THE ISP RECORDS/DOCUMENTS ARE GIVEN/PROVIDED TO ME AS SOON AS POSSIBLE SO THAT I CAN PLACE IT INSIDE THE RESIDENT'S BINDER. I WILL MAKE A REMINDER IN THE BINDER TO ALWAYS FOLLOW UP WITH THE CM.</p>	<p style="text-align: center;">3/21/22</p>

	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> In residents' bathroom, open tubes of Calmoceptine ointment, Hydrocortisone cream USP 1%, Curad Germ Shield Antimicrobial Wound Gel were left in cabinet, unsecured. All medications were removed and secured by the caregiver.</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>IN THE FUTURE, I WILL NOT PLACE ANY MEDICATION(S) LABELED/UNLABELED IN THE BATHROOM UNSECURED. I WILL PLACE ALL MEDICATIONS IN A SECURED CABINET WHERE IT WILL BE OUT OF REACH AND RESIDENTS WILL NOT HAVE ACCESS TO. I WILL MAKE A REMINDER ON THE WALL TO ALWAYS PUT AWAY MEDICATION.</p> <p style="text-align: right;">22 JUN -7 P1:31</p>	<p style="text-align: right;">3/11/22</p>

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____

[Handwritten Signature]

MARTIN OBALDO

3/21/22

STATE OF HAWAII
DOH-DOCA
STATE LICENSING

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