

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: MSI ARCH/Expanded ARCH	CHAPTER 100.1
Address: 99-603 Alia Place, Aiea, Hawaii 96701	Inspection Date: May 31, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

22 JUN -6 P 1:51
STATE OF HAWAII
DOH-DHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Medication of substitute care giver unlocked in refrigerator.</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>	<p>22 JUN -6 P1:51</p> <p>STATE OF ILLINOIS DEPT. OF CHILDREN STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Medication of substitute care giver unlocked in refrigerator.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future to ensure that it doesn't happen again I will do a reminder note on the refrigerator that says any medication inside the refrigerator must be in a locked container</i></p>	<p><i>6/2/22</i></p> <p>22 JUN -6 P 1:51</p> <p>STATE OF HAWAII DOH-CHDO STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1: Glucometer strips within glucometer bag expired.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>expired glucometer strips within glucometer bag have been thrown away and new bottle of strip has been placed in glucometer bag that are not expired.</i></p>	<p><i>6/2/22</i></p> <p>22 JUN -6 P1:51</p> <p>STATE OF HAWAII DOH-DICA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (1)</p> <p>There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u></p> <p>Resident #1: Alcohol Pads used for glucose checks expired.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Expired glucometer pads are thrown away and replaced with new bottle of alcohol that will be used for glucose check.</i></p>	<p><i>6/2/22</i></p> <p>22 JUN -6 P 1:51</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____

MARCELO IBERA

6/2/22

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

22 JUN -6 P1:51