Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Olipares, Celestina (ARCH)	**CHAPTER 100.1**
Address: **45-693 Keneke Street, Kaneohe, Hawaii 96744**	**Inspection Date: May 27, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Substitute Caregiver (SCG) #1 – Annual physical examination unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** P SCG #1 · Physical completed on 6·13·22	8·17·22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. FINDINGS Substitute Caregiver (SCG) #1 – Annual physical examination unavailable for review. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will write reminders/notes in my calendar for all caregivers to have their annual PE before it expires and as much as possible prior to the inspection month. If not then we will not allow them to work until annual PE is done.	6/13/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #1 – Annual TB clearance unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG #1. Annual TB clearance completed on 6-13-22 STATE OF HAWAII DEPT OF HEALTH	8-17-22 '22 AUG 17 A9:41

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #1 – Annual TB clearance unavailable for review. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will write notes / reminders in my calendar for all CG's to have their annual TB clearance before it expires and as much as possible prior to the inspection month. If not then we will not allow them to work until annual PE is done.	6/13/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – Physician's order dated 10/13/21 states, "Artificial Tears TID"; however, dosage not provided Resident #1 - Physician's order dated 4/27/22 states, "Colchicine 0.6mg – 1 cap daily PRN"; however, PRN indication not provided Resident #1 – Physician's order dated 10/13/21 states, "Clonazepam 0.25 mg q HS PRN"; however, PRN indication not provided Resident #1 – Physician's order dated 4/27/22 states, Triamcinolone 0.1% ointment bid prn"; however, PRN indication not provided	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Medications mentioned for Resident #1, Physicians corrected and had provided the dosage and the indications for the PRN mentioned medications.	6/7/22 & 6/8/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – Physician's order dated 10/13/21 states, "Artificial Tears TID"; however, dosage not provided Resident #1 - Physician's order dated 4/27/22 states, "Colchicine 0.6mg – 1 cap daily PRN"; however, PRN indication not provided Resident #1 – Physician's order dated 10/13/21 states, "Clonazepam 0.25 mg q HS PRN"; however, PRN indication not provided Resident #1 – Physician's order dated 4/27/22 states, Triamcinolone 0.1% ointment bid prn"; however, PRN indication not provided	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future before leaving the doctor's office in every appointment, I will make sure that all medications orders and labels will include the dosage and PRN medications If not I will let the doctor provide/ write the proper labels and indications. I will put reminder note about this important of the resident's binder.	8-17-22

22 AUG 17 A9:41

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 – No documented evidence the following medications were reviewed by a physician since 10/13/21: • Artificial Tears TID • Clonazepam 0.25mg QHS PRN	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Medications mentioned for Resident #1, the Physicians had reviewed and countersigned the medication order on Physician order sheet.	6/7/22 4 6/8/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 – No documented evidence the following medications were reviewed by a physician since 10/13/21: • Artificial Tears TID • Clonazepam 0.25mg QHS PRN	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will write notes/reminders in my calendar that all medication orders will be reviewed/re-evaluated and signed by the Physicians every four months. If not then medication will not be administered.	6/7/22 4 6/8/22

Licensee's/Administrator's Signature: Celestina Olipares

Print Name: CELESTINA OLIPARES

Date: JUN 1 3 2022

Licensee's/Administrator's Signature: /Celestina Olipares

Print Name: CELESTINA OLIPARES

Date: 8-17-22