

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Apuya, Roger (ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 2517 Hoenui Street, Honolulu, Hawaii 96819</b>	<b>Inspection Date: July 5, 2022 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	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b>FINDINGS</b> Multiple over the counter medications unlabeled in medication cabinet.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>As soon as my nurse consultant told me about the over-the-counter medications unlabeled, I immediately printed the labels with the resident's name, prescribing doctor and how it is to be taken.</i></p>	<p><i>7/22/22</i></p> <p style="text-align: right;">22 AUG 29 PM 2:45</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS</u></b> Medication belonging to multiple residents in one medication basket.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>As soon as my nurse consultant left, all meds have been separated and all residents' meds has each own basket properly labeled with resident's name. Medications such as creams, nasal sprays are segregated in a ziploc bag with resident's names.</p>	<p>7/22/22</p> <p style="text-align: right;">22 AUG 29 P 2:46</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p><b>FINDINGS</b> Surveillance camera in living room. No documented evidence of consent by residents.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I have already taken a consent from each resident after explaining them that there is a camera set-up in the common area and the camera is only for safety and security reasons. Each consent forms have been signed by the residents.</i></p>	<p><i>7/22/22</i></p> <p style="text-align: right;">22 AUG 29 P2:46</p>



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Licensee's/Administrator's Signature: *R. P. G.*

Print Name: ROGER P. APULYN

Date: 08/24/2022

STATE OF ILLINOIS  
DEPT. OF STATE  
STATE LICENSING

22 AUG 29 P 2:46