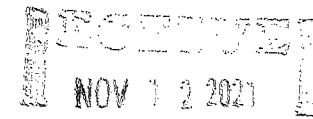


Rec'd 12/3/21



Office of Health Care Assurance

State Licensing Section

BY: _____

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc in Hawaii – Lusitana B	CHAPTER 89
Address: 1660B Lusitana Street, Honolulu Hawaii 96813	Inspection Date: November 4, 2021 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
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – Physician wrote two (2) discontinuation orders for Naphcon A Opth Soln and Siltussin-DM Syp Alc Free on 5/6/2021 and 6/15/2021. On 6/17/2021, physician signed and dated as both medications were current. Per medication administration record (MAR), both medications were discontinued on 6/15/2021. Please clarify with the physician.</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>A discontinuation order was written twice by the physician on two different dates for the Naphcon A ophthalmic solution. The PCP clarified the orders and sent the corrected version. See attachment 1, 2 and 3.</p>	<p>11/20/21</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p>'21 DEC -3 P 4:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – Physician wrote two (2) discontinuation orders for Naphcon A Opth Soln and Siltussin-DM Syp Alc Free on 5/6/2021 and 6/15/2021. On 6/17/2021, physician signed and dated as both medications were current. Per medication administration record (MAR), both medications were discontinued on 6/15/2021. Please clarify with the physician.</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>The home manager had in service training regarding reviewing written physicians' orders and applying changes promptly in the medication record. It is expected that the home manager will file her paperwork promptly and write a interdisciplinary note in the record regarding the change as well.</p>	<p>11/11/21</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1 – “D/C 6/15/21” was noted for Naphcon A Opth Soln and Siltussin-DM Syp Alc Free in May 2021 MAR.</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1 – "D/C 6/15/21" was noted for Naphcon A Opth Soln and Siltussin-DM Syp Alc Free in May 2021 MAR.</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>The home manager received in service training regarding proper documentation and transcription of changes in the medication administration record. It is expected in the future that a discontinue order will be noted in the correct month and for the correct medication.</p>	<p>11/11/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – No progress notes were made for discontinuation of Naphcon A Opth Soln and Siltussin-DM Syp Alc Free on 6/15/2021.</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – No progress notes were made for discontinuation of Naphcon A Opth Soln and Siltussin-DM Syp Alc Free on 6/15/2021.</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>The home manager received in service training regarding proper documentation of new treatments, changes in medication, or diagnosis after an appointment. It is expected that the home manager will document any changes, updates, or concerns promptly in the progress notes. The Nurse will also review progress notes during visits to ensure information such as changes in orders are properly documented.</p>	<p>11/11/21</p> <p>21 DEC -3 P 4:18</p> <p>STATE OF MARYLAND BOH CHINA STATE LICENSING</p>

Licensee's/Administrator's Signature: Christine Menezes, DO

Print Name: Christine Menezes

Date: December 1, 2021

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