

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Lilikoi	CHAPTER 100.1
Address: 1033 Ala Lilikoi Street, Honolulu, Hawaii 96818	Inspection Date: August 23, 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 DEC 14 10:40  
STATE LIBRARIANS

	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><b>FINDINGS</b>            Resident #1 -- 6/17/2022, medication order for Calcium Carb/Vitamin D = 1 tab by mouth twice daily. Medication label = 1 tab by mouth three times daily. Medication order and label do not match.</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 style="text-align: center;">I corrected the deficiency by clarifying the order with my resident's MD. I contacted pharmacy for a new label. A new and accurate label has been placed on the medication bottle.</p>	<p style="text-align: center;">22            DEC 14            12/12/22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 – Gabapentin order from 12/21/2021 states, “Gabapentin 100 mg orally twice a day, and 1 cap orally at bedtime. December medication administration record did not accurately reflect this order as the bedtime administration was missing. No documented evidence the physician was contacted for clarification.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

STATE OF MICHIGAN  
 DIVISION OF PROFESSIONAL REGULATION  
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b>FINDINGS</b> Resident #1 - Medications not reevaluated and signed every four months.</p> <p>STATE BOARD OF NURSING DIVISION OF NURSING SEP -1 19:37</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	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><b><u>FINDINGS</u></b>            Resident #1 – Weight on primary care giver’s admission assessment from 12/28/2021 = 136 lbs. Weight on December monthly weight record = 156 lbs... 20 lb. discrepancy on weight recorded within the same month.</p> <p style="text-align: center;">STATE OF MICHIGAN            DEPARTMENT OF            STATE POLICE            22 SEP -1 09:38</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licenscc's/Administrator's Signature:     *S. Phillips*    

Print Name:     *Soo yean Phillips*    

Date:     *8/31 /2022*    

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DEPT. OF  
STATE TREASURY  
2022 SEP -1 09:38

Licensee's/Administrator's Signature: S. Phillips

Print Name: Soo Yeon Phillips

Date: 11/14/2022

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING

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Licensee's/Administrator's Signature: Soo Phillips

Print Name: Soo yern Phillips

Date: 12/13/2022

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