

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lilibeth Badua E-ARCH	CHAPTER 100.1
Address: 4318 Laakea Street, Honolulu, Hawaii 96818	Inspection Date: July 29, 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.

STATE OF HAWAII
DEPT. OF HEALTH
DIVISION OF LICENSING

22 AUG 11 AM 1:40

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> Household Member #1 – No documented evidence of annual physical exam.</p> <p>STATE OF MICHIGAN DEPT. OF HEALTH DIVISION OF LICENSING AUG 11 2022 11:40</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Had scheduled an appointment right away with the earliest available is 8/8/22</i></p> <p><i>See attached copy</i></p>	<p><i>8/8/22</i></p>

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	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><u>FINDINGS</u> Medication label for Furosemide does not include hold parameter, "Hold for systolic blood pressure <110," as ordered by the resident's 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><i>I called MD to clarify order. I attached a written note on a sticker on the bottle, made sure not to cover any attached label that says "direction changed that need to refer order from 7/25/22" PCP also made a house visit 8/3/22 as scheduled appointment mentioned to call Pharmacy to include parameter on the bottle for next refill. Also called the Pharmacy to make sure parameter as ordered is placed on the label of the bottle of medicine.</i></p>	<p><i>8/3/22</i></p> <p><i>7/29/22 done</i></p>

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☒	<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><u>FINDINGS</u> Medication label for Furosemide does not include hold parameter, "Hold for systolic blood pressure <110," as ordered by the resident's physician.</p> <p>STATE OF MICHIGAN DEPT. OF HEALTH & HUMAN SERVICES DIVISION OF PROFESSIONAL REGULATION 17:11 AUG 11 22</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 when the label on the bottle doesn't show a complete instruction as ordered. First always double check the order, label on the bottle, medication record, all should be the same. If not use a sticker, place the complete direction, date ordered. Stick a flag for changes on the bottle right away, it is important for all caregivers to follow. Can also notify MD to include parameter for next refill.</i></p>	<p>8/3/22</p>

	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><u>FINDINGS</u> Resident #1 – On 9/13/2021 and 12/20/2021 medication orders, a route and frequency were not specified for Memantine.</p> <p>STATE OF MICHIGAN NURSING BOARD JUL 13 2022</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
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Resident #2 – Last physical exam completed on 5/2021, over 1 year ago.</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>Called Kaiser scheduled an appointment for annual physical exam with the earliest available was set on 9/30/22 at 2:20pm</i> <i>Made a list of current medications, diet, annual physical exam forms ready for MD to complete & sign.</i></p>	<p>8/1/22</p>

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Licensee's/Administrator's Signature: Lilibeth Badua

Print Name: LILIBETH BADUA

Date: 8-10-22

STATE OF OHIO
STATE LICENSING
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