

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lolita Suga (ARCH)	CHAPTER 100.1
Address: 94-414 Hianakiu Street, Waipahu, Hawaii 96797	Inspection Date: February 1, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> Primary Care Giver (PCG) – No documented evidence of six (6) continuing education hours completed within a twelve (12) month period.</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 style="text-align: center;"><i>In-services is completed April 2, 2022</i></p>	<p style="text-align: center;"><i>4-2-22</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> PCG – No documented evidence of six (6) continuing education hours completed within a twelve (12) month period.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>My assisted will help double check to schedule my inservice before it expired and documented have documentation on file</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Observed unlabeled "Refresh Tears" medication bottle unsecured in facility living room.</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 style="text-align: center;"><i>Personal health used for operators in and will always stay in my bedroom</i></p>	<p style="text-align: right;"><i>8 am 6/1/2022</i></p> <p style="text-align: right;">22 JUN -2 08:18</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Resident #1 – Oral medications and topical medications are not segregated by external and/or internal use in resident's medication bin.</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 style="text-align: center;"><i>external medication of resident had been separated into another container the day of my annual inspection</i></p>	<p style="text-align: right;"><i>6/1/22</i></p> <p style="text-align: center;">22 JUN -2 AS:18</p> <p style="text-align: center;">STATE OF OHIO BOH-010-A STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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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><u>FINDINGS</u> Resident #1 – Physician ordered “Clotrimazole 10mg, dissolve 1 trouche in a glass of water five times a day.” Medication not available for resident use.</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 style="text-align: center;"><i>Resident medication was given as ordered no refill ordered corrected and discontinued 8/29/22 per Dr. Corazon Morrison</i></p>	<p style="text-align: center;"><i>8/29/22</i></p> <p style="text-align: center;">722 AUG 30 AM 15</p> <p style="text-align: center;"><small>STATE OF CONNECTICUT ADULT CARE STATE DEPARTMENT</small></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 - Physician ordered "Clotrimazole 10mg, dissolve 1 trouche in a glass of water five times a day." On September 2021 medication administration record (MAR), it was noted aforementioned medication was discontinued on 9/28/2021. No documented evidence of a discontinue order by a physician or APRN.</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 style="text-align: center;"><i>clotrimazole 10mg was discuss on of March 18, 2022 and ordered discontinued by Dr. Corazon Marioni</i></p>	<p style="text-align: right;"><i>8/29/22</i></p> <p style="text-align: right;">'22 AUG 30 NO:15</p> <p style="text-align: right; font-size: small;">STATE LICENSING</p>

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☒	<p>§11-100.1-15 <u>Medications</u>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 - Physician ordered "Clotrimazole 10mg, dissolve 1 trouche in a glass of water five times a day." On September 2021 medication administration record (MAR), it was noted aforementioned medication was discontinued on 9/28/2021. No documented evidence of a discontinue order by a physician or APRN.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>My substitute and me will double check that any discontinued medication will have an order on file and check it every 3 months</i></p>	

Licensee's/Administrator's Signature:

Lolita Edna L. Suga

Print Name:

Lolita Edna L. Suga

Date:

November 4, 2022

Licensee's/Administrator's Signature:

Lolita Edna L. Suga

Print Name:

Lolita Edna L. Suga

Date:

August 29, 2022

Licensee's/Administrator's Signature:

Lolita Edna L. Suga

Print Name:

Lolita Edna L. Suga

Date:

June 1, 2022