

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Navarro, Rebecca (ARCH/Expanded ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-1354 Hiaai Place, Waipahu, Hawaii 96797</b>	<b>Inspection Date: January 19, 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.**

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
MAY 19 12:52

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b>FINDINGS</b> Substitute Care Giver (SCG) #1 – No annual tuberculosis (TB) clearance. SCG has no history of positive TB, but TB attestation form was filled out in lieu of TB skin test.</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>substitute care giver #1 no longer work in my care home.</i></p>	<p style="text-align: center;"><i>2/2/22</i></p> <p style="text-align: right;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES '22 FEB -8 19:12</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><b><u>FINDINGS</u></b>  Resident #1 – 1/17/2022 medication order for Amlodipine 5 mg included hold parameter, "If diastolic blood pressure below 50, take ½ pill only;" however, medication label does not include hold parameter.</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>PCG placed a "directions changed" sticker on medication bottle to alert whoever administers it, that there is a change and they should refer to the order for complete instructions. I also called the physician to request the full order including parameters be sent to the pharmacy.</i></p>	<p><i>5/15/22</i></p> <p style="text-align: right;">STATE OF MARYLAND  MAY 19 2 52 PM '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><u>FINDINGS</u></b> Resident #1 has medication order for Calcium Carbonate + Vitamin D3 – 500 mg/400 IU; however, dose on over-the-counter bottle states: Calcium 600 mg and Vitamin D3 800 IU. Resident not being given ordered dose.</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 called <del>my</del><sup>for</sup> physician #1 I asked his permission to used all the remaining tabs till gone, physician #1 agreed then prescribe calcium carbonate 315 mg + Vit D3 200mg. Take 1 tab po 2x a day.</i></p>	<p>2/2/22</p> <p style="text-align: right;">22 FEB -8 19:12</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF SOCIAL SERVICES</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Active medication order for Lisinopril/Hydrochlorothiazide 20-12.5 mg, since admission on 7/24/2021; however, on medication administration record, only “Lisinopril 20 mg,” was written from July 2021 – November 2021.</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>	<p style="text-align: center;">22 FEB -8 19:12</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Monthly progress notes do not include observations of the resident's response to medications.</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> <p style="text-align: right; font-size: small;">STATE OF TENNESSEE DEPARTMENT OF REVENUE STATE LIQUOR STORES</p>	<p style="text-align: center;">22 FEB -8 A9 13</p>

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Licensee's/Administrator's Signature: Rebecca D. Navarro

Print Name: REBECCA D. NAVARRO

Date: 2/3/22

Licensee's/Administrator's Signature: Rebecca D. Navarro

Print Name: REBECCA D. NAVARRO

Date: 3/30/22

Licensee's/Administrator's Signature: Rebecca D. Navarro

Print Name: REBECCA D. NAVARRO

Date: 5/15/22