

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: R.K.C. ARCH	CHAPTER 100.1
Address: 91-938 Hanakahi Street, Ewa Beach, Hawaii 96706	Inspection Date: August 8, 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
JAN 10 2023
STATE LICENSING

SEP - 1 P 1:40

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3)</p> <p>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><u>FINDINGS</u> Resident #1 – PRN “Furosemide 20 mg, 1 tab by mouth for edema, take 1 tab daily as needed (PRN)” ordered on 11/3/2021 and renewed on 1/14/22 and 5/9/22. PRN Furosemide 20 mg was administered daily from 5/19/22 to 5/22/22, however there is no documentation of response to PRN medication.</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>	<p>22 SEP -1 P2:56</p>

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Licensee's/Administrator's Signature: Jm

Print Name: Josephine Fitzgerald

Date: 08/29/2022

22 SEP -1 P 1:40
STATE OF MICHIGAN
DEPARTMENT OF
STATE LICENSING