

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc in Hawaii Housing Proj. No.10/Lusitana D	CHAPTER 89
Address: 1660 C Lucitana Street, Honolulu, Hawaii 96813	Inspection Date: November 18, 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.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – Physician's order renewal form reads, "Ibuprofen 200mcg take 1 tab by mouth every 6 hours as needed for pain". The strength of the Ibuprofen should be measured in mg.</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>Home manager took the corrected physician order to the primary doctor who reviewed, verified the correct order of Ibuprofen 200mg and signed the order. See attachment #1</p>	<p style="text-align: center;">12/12/22</p> <p style="text-align: center;">23 FPO 23 P142</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1 – Over the counter medication for Ibuprofen is labeled, "Ibuprofen 200mcg take 1 tab by mouth every 6 hours as needed for pain", however, strength on the bottle is measured in mg.</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>A new label with corrected details to reflect proper strength was affixed to the medication bottle.</p>	<p style="text-align: center;">12/6/22</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1 – Over the counter medication for Ibuprofen is labeled, "Ibuprofen 200mcg take 1 tab by mouth every 6 hours as needed for pain", however, strength on the bottle is measured in mg.</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>The home manager will verify orders when transcribing medication orders and adding the information to an OTC label. The home Manager received in service training regarding proper transcription of orders to labels for over the counter medication. The RN will conduct her quarterly audits and report findings to the home manager. A time frame to submit corrections to the RN will be provided.</p>	<p>12/6/22</p>

Licensee's/Administrator's Signature: Christine Menezes, Director of Operations

Print Name: Christine Menezes

Date: December 7, 2022

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Licensee's/Administrator's Signature: Christine Menezes, Director of Operations

Print Name: Christine Menezes

Date: February 16, 2023

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