

Office of Health Care Assurance

'23 APR 13 PM 01

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Castro's (ARCH)</b>	CHAPTER 100.1
<b>Address:</b> 3445 Eono Street, Lihue, Hawaii 96766	<b>Inspection Date: March 28, 2023 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.**

	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>FINDINGS</b> Resident #1 – Physician order dated 01/09/23 for “Artificial Tears 0.1-0.3% Soln. Apply 1-2 drops into eyes every 4 to 6 hours as needed” is incomplete. No as needed indication for medication.</p>	<p style="text-align: right;">23 APR 13</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="font-size: 1.2em;">I called the doctor regarding Artificial Tears that is not complete order, ordered Artificial Tears 1-2 drops to both eyes Q4-6 hours as needed for dry eyes.</p>	<p style="text-align: right; font-size: 1.2em;">4/12/23</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><b>FINDINGS</b> Resident #1 – Incomplete physician order for: “docusate sodium 100mg capsules” that was ordered on 01/09/23. Order did not include frequency, route, and dosage.</p>	<p style="text-align: right;">23 APR 13</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="font-size: 1.2em;"><i>I called the doctor to clarify order, ordered Colace 100mg po, Take: 2 capsules daily prn for constipation.</i></p>	<p style="font-size: 1.5em;"><i>4/12/23</i></p>

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<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>FINDINGS</b> Resident #1 – Incomplete physician order for: “docusate sodium 100mg capsules” that was ordered on 01/09/23. Order did not include frequency, route, and dosage.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>I will check doctors order monthly along with my medication if the orders are complete.</i></p>	<p style="text-align: right;">23 APR 13 10:01</p> <p style="text-align: right;"><i>4/12/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION APR 13 2023 PART 1	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b>FINDINGS</b> Resident #1 – The following medications were not re-evaluated by a physician every four (4) months:</p> <ul style="list-style-type: none"> <li>• Acetaminophen 325mg. Take 1-3 tablets by mouth every 6 hours as needed for pain or fever.</li> <li>• Stool softener 100mg capsules. Take 2 capsules by mouth once daily as needed for constipation.</li> </ul>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I will bring my resident to see the doctor for his doctors appointment and update his medications including Tylenol and stool softener, on 4/15/23</i></p>	<p><i>4/15/23</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS</b> Resident #1 – Monthly progress notes from March 2022 to March 2023 did not document observations of resident's response to diet and medications on a monthly basis.</p>	<p style="text-align: right;">23 APR 13 11:24 AM</p> <p style="text-align: center;"><b>PART I</b></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;">4/12/23</p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b>FINDINGS</b> Resident #1 – “Docusate Sodium 2 capsules PO PRN for constipation” was documented in December 2022 Medication Administration Record (MAR) that it was administered to resident on 12/5, 12/10, and 12/13. However no documented evidence of response to PRN medication.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b>FINDINGS</b> Resident #1 – “Docusate Sodium 2 capsules PO PRN for constipation” was documented in December 2022 Medication Administration Record (MAR) that it was administered to resident on 12/5, 12/10, and 12/13. However no documented evidence of response to PRN medication.</p>	<p>PART 23</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>I will put a yellow sticky note on the progress record to remind myself to go back to document on response to medication or any prn medication if effective or not effective</i></p>	<p>4/12/23</p>

Licensee's/Administrator's Signature: Julie Carter  
Print Name: Julie Carter '23  
Date: 4/13/23