

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Paradise ARCH	CHAPTER 100.1
Address: 86-112 Hoaha Street, Waianae, Hawaii, 96792	Inspection Date: February 14, 2023 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

23 FEB 21 P 2:52
STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1: Discontinued and expired medications in medication cabinet.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, the difficiency was corrected immediately. Said medications which were in a zip lock bag and separated from residents' current medications were immediately removed from the locked medicine cabinet and dropped off at the closest Drug Take Back location - Longs Drug Stores located 0.2 miles away from Paradise ARCH at 86-120 Farrington Hwy, Waianae, HI 96792</p>	<p>2/14/2023</p> <p>23 FEB 21 P2:52</p> <p>STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1: Discontinued and expired medications in medication cabinet.</p>	<p>PART 2</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>According to FDA guidelines the best way to dispose unused or expired medication is by using one of the Medicine Take Back options. We immediately did the following:</p> <ol style="list-style-type: none"> 1) Updated, formalized and documented our current procedure in accordance with FDA guidelines. (Please see attached Procedure) 2) Created a log/tracking system for discontinued /expired medications that includes the following: <ul style="list-style-type: none"> - Date of discontinuation and expiration. - Reason for discontinuation, i.e. discontinued by doctor, treatment completed and/or problem resolved, new refill received, etc. - Date of disposal - Initials of the person disposing such medication(s) (Please see attached Log/Tracking System Form) 3) Place a reminder on the Medication Administration Log book to update the above log/tracking system for any discontinued meds as soon as we return from doctor's visits. 4) Provided in-service training to all caregivers to ensure understanding and compliance with the above procedures. 	<p>2/14/2023</p> <p>2/14/2023</p> <p>2/14/2023</p> <p>2/14/2023</p>

	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><u>FINDINGS</u> Resident #1: No documented response in progress notes to Valacyclovir treatment for seven (7) days ordered on 12/9/22.</p>	<p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>23 FEB 21 P 2:52</p> <p>STATE OF HAWAII DOH-SHCA STATE LICENSING</p>

	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><u>FINDINGS</u> Resident #1: No documented response in progress notes to Valacyclovir treatment for seven (7) days ordered on 12/9/22.</p>	<p>PART 2</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>We currently indicate response to medications and treatments on the first page of the standard monthly Progress Notes form (please see attached form for Resident #1) and/or write an added narrative description of our observation at the back page of the form (please see attached form for another resident). In the future we will be consistent in including narrative description of the response to medication and treatments at the back page of the form in addition to indicating it in the front page of the form for <u>all</u> residents.</p> <p>We also provided in-service training to all caregivers on how to properly include a narrative description of the response to treatment and medication and how to properly complete Progress Notes in general.</p>	<p>2/14/2023</p> <p>23 FEB 21 P 2:52</p> <p>STATE OF MISSISSIPPI DEPARTMENT OF STATE LICENSING</p>

Licensee's/Administrator's Signature: Marlyn S. Acuram

Print Name: MARLYN S. ACURAM

Date: 2/21/23

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

23 FEB 21 P2:52