

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Justo, Charing (ARCH)	CHAPTER 100.1
Address: 28-2865 Kukuikea Place, Pepeekeo, Hawaii 96783	Inspection Date: April 18, 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.**

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

JUN 30 AM 11:57

	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 – Physician’s order dated 3/31/23 states, “CVS Acetaminophen 325mg 1-2 tabs PO q4-6 hrs PRN”; however, PRN indication unavailable. Medication order incomplete.</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 went to the doctor's office and asked what's the acetaminophen for and doctor completed the doctor's order and (and) put as for pain &amp; fever of 100.4 °F.</i></p>	<p style="text-align: right;"><i>4-28-23</i></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><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 3/31/23 states, “CVS Acetaminophen 325mg 1-2 tabs PO q4-6 hrs PRN”; however, PRN indication unavailable. Medication order incomplete.</p>	<p style="text-align: center;"><b>PART 2</b></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 put the reminder note on my MAR To check all medication orders for prn indication upon receiving orders. If indication prn is missing, I will notify the physician immediately.</i></p>	<p style="text-align: center;">73 JUN 30 AM 1:57</p> <p style="text-align: right;">6-26-23</p>

STATE OF HAWAII  
DOH - PHOENIX  
STATE LICENSES

Licensee's/Administrator's Signature: Charing R. Justo

Print Name: Charing R. Justo

Date: 5-31-23

2023 JUN 2 11:01 AM

Licensee's/Administrator's Signature: Channing R. Justo

Print Name: Channing R. Justo

Date: 6-13-83

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

23 JUN 16 AM 1:47

Licensee's/Administrator's Signature:

Charles R. Justo

Print Name:

Charles R. Justo

Date:

6-26-23

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

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