

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: R & M Duran, L.L.C.	CHAPTER 100.1
Address: 94-628 Loa'a Street, Waipahu, Hawaii 96797	Inspection Date: April 25, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Primary Care Giver (PCG), Substitute Care Giver #1, and Household Member – No documented evidence of an initial 2-step Tuberculosis (TB) skin test.</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>I secured a copy of the 2 step TB at Waipahu Public Nursing on 04/25/2023. Attached are copies of the clearance.</p>	4/25/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Primary Care Giver (PCG), Substitute Care Giver #1, and Household Member – No documented evidence of an initial 2-step Tuberculosis (TB) skin test.</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>I will post a reminder sticker on my work cabinet a scheduled TB testing month each year.</p> <p>I will stamp TB clearances, documents "Do Not Thin" and will be kept in the binder.</p>	4/25/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (f) A minimum of three meals shall be provided at regular intervals in each twenty four hour period. There shall be no more than fourteen hours between a substantial evening meal and breakfast.</p> <p><u>FINDINGS</u> PCG reports that latest breakfast served 8:30 a.m. and earliest dinner is served at 5:30 p.m. That is a fifteen (15) hour gap between an evening meal and breakfast.</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>I provided meals between 8 AM to 6 PM with 14 hour gaps starting on 4/26/23 and onwards.</p>	<p>4/26/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (f) A minimum of three meals shall be provided at regular intervals in each twenty four hour period. There shall be no more than fourteen hours between a substantial evening meal and breakfast.</p> <p><u>FINDINGS</u> PCG reports that latest breakfast served 8:30 a.m. and earliest dinner is served at 5:30 p.m. That is a fifteen (15) hour gap between an evening meal and breakfast.</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>I will post a reminder note on my refrigerator: Breakfast is served at 8 AM Dinner is served at 6 PM. Posted of 4/26/23.</p>	4/26/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Several cans of expired "Van Camps Pork and Beans" in food pantry. Cans expired 12/25/22.</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>I discarded all the "Van Camps Pork and Beans" in the pantry on 4/25/23.</p>	4/25/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Several cans of expired "Van Camps Pork and Beans" in food pantry. Cans expired 12/25/22.</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>I will post a reminder note on the ^{of} my food pantry outside as follows:</p> <p>Check label and expiration date of canned goods and food items first Saturday of each month.</p>	4/25/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Physician order dated 2/21/23 for “Vitamin B12 500 mcg tab. Take 1 tab daily.” Label on bottle does not match Medication Administration Record (MAR) and Physician order. Label on bottle dated 2/21/23 states Vitamin B12 1,000mcg. give ½ tab daily.</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>I discarded the Vitamin B12 1000 mcg. I purchased a new bottle of Vitamin B12 500 mcg on 4/26/23.</p> <p>Receipt attached.</p>	4/26/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Physician order dated 2/21/23 for “Vitamin B12 500 mcg tab. Take 1 tab daily.” Label on bottle does not match Medication Administration Record (MAR) and Physician order. Label on bottle dated 2/21/23 states Vitamin B12 1,000mcg, give ½ tab daily.</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>I will review list of medications every doctors visit to make sure that everything matches.</p> <p>I will attach a reminder in the residents binder book to follow the "3M" match physician medication order, match MAR and match medication bottle label.</p>	4/26/23

Licensee's/Administrator's Signature: Maria L. Duran
Print Name: MARENITA L. DURAN
Date: 4/27/23