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.8/Waipahu A**	**CHAPTER 89**
Address: **94-060 A Poailani Circle, Waipahu, Hawaii 96797**	**Inspection Date: August 4, 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
☒	§11-89-14 Resident health and safety standards. (e)(12) Medications: 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. **FINDINGS** Resident #1 – Medication Administrative Record (MAR) from May 2023 to August 2023 observed with "Triamcinolone 0.1% topical cream. Apply to affected area twice daily as needed for rash." No documented evidence of a physician order in chart.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-18 Records and reports. (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information: Entries by the caregiver describing treatments and services rendered; **FINDINGS** Resident #1 – "Triamcinolone 0.1% topical cream as needed" medication documented as administered at least once daily between May 13 to May 25, 2023 in electronic MAR. There was no observed documentation of reason for application, location of where cream was applied and if PRN medication was effective.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____