

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|---|---|
| Facility's Name: The Arc in Hawaii Housing Proj. No.8/Waipahu B | CHAPTER 89 |
| Address: 94-060 B 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 |
|-------------------------------------|---|--|----------------------------|
| <input checked="" type="checkbox"/> | <p>§11-89-14 Resident health and safety standards. (e)(12)</p> <p>Medications:</p> <p>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.</p> <p><u>FINDINGS</u></p> <p>Resident #1 – Medication “Loperamide 2mg tab. Take 2 tab by mouth after first loose stool then 1 tab after each loose stool. No more than 8 tab per day PRN for diarrhea” was ordered on 11/29/22, 2/28/23, and 5/31/23. However, medication was not listed in paper MAR in November 2022, December 2022, and January 2023. In addition, electronic MAR from February 2023 to present also do not have medication listed.</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> | |

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| <input checked="" type="checkbox"/> | <p>§11-89-18 <u>Records and reports.</u> (b)(1)</p> <p>During residence, records shall be maintained by the caregiver and shall include the following information</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><u>FINDINGS</u></p> <p>Resident #1 – No documented evidence of a current tuberculosis assessment. Annual physical dated 3/29/23 notes last PPD assessment dated 3/9/22. Annual ISP dated 3/30/23 notes PPD date completed on 3/11/22. Home Manager reports that resident's mother accompanies resident to all doctor visits.</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> | |

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____