

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Caring Touch ARCH/Expanded ARCH	CHAPTER 100.1
Address: 98-131 Kaluamoi Place, Pearl City, Hawaii 96701	Inspection Date: November 02, 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.

	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><u>FINDINGS</u></p> <ul style="list-style-type: none"> Resident #1- Physician order written as “Salon Pas Patch 10% 1 patch on 6am and off 6pm” on 11/4/22. The Medication Administration Records (MAR) from November 2022 to November 2023 reflected doses not given. Resident #1- Physician order to discontinue PreserVision Areds capsules on 3/5/23, however; the March 2023, April 2023, and May 2023 reflected the medication was continued to be given. Resident #1- Physician order written as “Prednisone 10 mg qd x 7 days” on 6/6/23. The medication was transcribed on July 2023 MAR, August 2023 MAR, and September 2023 MAR. 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<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- Progress notes did not document the PRN medication effectiveness:</p> <ol style="list-style-type: none"> 1. Robitussin DM was given on 2/6/23 and from 6/6/23 to 6/18/23. 2. Desitin ointment was given from 3/25/23 to 3/31/23 and from 4/1/23 to 4/30/23. 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____