

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ulep, Juanita (ARCH)	CHAPTER 100.1
Address: 2817 Nihi Street, Honolulu, Hawaii 96819	Inspection Date: July 20, 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
D&H-CHCA
STATE LICENSING

'23 AUG 30 P12:02

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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>FINDINGS Primary Caregiver (PCG), Substitute Caregiver (SCG) – Annual tuberculosis clearance unavailable for review. Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Annual tuberculosis clearance for Primary Caregiver (PCG) and substitute caregiver was done 8-8-23.</i></p>	<p style="text-align: center;"><i>8-8-23</i></p> <p style="text-align: center;">23 AUG 30 P12:02</p> <p style="text-align: center;">STATE OF HAWAII DOH-61CA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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>FINDINGS Resident #1 - Medication order dated 5/23/23 states, "albuterol sulfate HFA 2 puffs every 4 hours PRN", however, medication order is incomplete and does not contain a PRN indication.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Medication order updated 8-8-23 Albuterol HFA 2 puffs every 4 hours now order include PRN indication. See attached</i></p>	<p>10-5-23</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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 (part from either resident's bathrooms or bedrooms).</p> <p>FINDING: Resident #1 - Medication order dated 5/23/23 states, "albuterol sulfate HFA 2 puffs every 4 hours PRN"; however, medication order is incomplete and does not contain a PRN indication.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN; WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will make a reminder note on the residence binder, to review all medication orders to ensure they are complete with PRN indication, prior leaving the doctor office</i></p>	<p style="text-align: right;">8-8-23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports, (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis.</p> <p>FINDINGS Resident #1,2 - Annual tuberculosis clearance unavailable for review. Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Annual TB clearance obtain for both residence See attached</i></p>	<p style="text-align: center;">8.8.23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: Juanita A. Ulep

Print Name: Juanita A. Ulep

Date: August 8, 2023

23 AUG 30 P12:02
STATE OF HAWAII
B&H-DHCA
STATE LICENSING

Licensee's/Administrator's Signature: Julep

Print Name: JUANITA A. ULEP

Date: October 30, 2023