## Office of Health Care Assurance

## **State Licensing Section**

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Castanaga, Imelda (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-972 Lumimoe Street, Waipahu, Hawaii 96797	Inspection Date: August 17, 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
§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:  Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.  FINDINGS Substitute Caregiver (SCG) #1 – Primary caregiver (PCG) training unavailable for review.  Submit a copy with plan of correction.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Substitute argurer  Truining flowly completely and keying for the mutan business of the complete	8/20/25

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
ggGerr (a)	\$11-100.1-15 <u>Medications.</u> (a)	PART 1	
med by physicians and	All medicines prescribed by physicians and dispensed by		
decined property laby a have been made with	pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee.	DID YOU CORRECT THE DEFICIENCY?	
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s rec'nor removed his of	and pills/medications are not removed from the original	EN HOUSE: THIS SPACE TO TELL US HOW YOU	
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s from either resident, i	•	only are order shell be neviewed at Time of appointment	1
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	and subsequent medication bottle labels are incomplete	reviewed at the of appealing	
61690);	(missing PRN indication):	for any clarifications and make	Just
Sphen 500mg 2 to a 46	as needed" Acetaminophen 500mg 2 tab q 4hrs as needed"	PRN indicator ordered.	
	Omeg o sp"Fluticasone nasal spray (Flonase) 50mcg 1 spray		
Talls XX a day as recalc !	to both nostrils 2x a day as needed":	: : :	, , ,
engricus viewlene in the sylvine	Submit revised medication orders with plan of correction.	Enclosed a copy of revised medication order.	9/1/92
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
thed by physicians and commod properly labeled by the frame ARCH stay amind a sure not benefit of from them for evaluational assessments of them of th	\$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.	PART 2  FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT  IT DOESN'T HAPPEN AGAIN?  Quill Rene MD apportion alach lest	7 9//2-3
PRN indication; uphen 500mg (14b q dir c metal spray (Plumas)); rds (2x n day as needed)	Resident #1 – The following medication orders dated 6/1/23, and subsequent medication bottle labels are incomplete (missing PRN indication):  as needed Acetaminophen 500mg 2 tab q 4hrs as needed to both nostrils 2x a day as needed?  Submittrevised medication orders with plan of correction.	Reserve claro Prepar roles Revious all ordans > PRN included - clarifications needed place in front of routs place in front of routs	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-17 Records and reports. (b)(1) During residence, records shall include:  Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;  FINDINGS Resident #1 — Annual tuberculosis clearance unavailable for review.  Submit a copy with plan of correction.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Annual tuberculous class done.  Enclosed a Copy	ne 9/1/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date	
$\boxtimes$	§11-100.1-17 Records and reports. (§)(1)  During residence, records shall include:	PART 2		
•.	Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and arreport of annual re-evaluation for tuberculosis;	FUTURE PEAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT  IT DOESN'T HAPPEN AGAIN?	on You to	
	FINDINGS Resident #1 - Annual tuberculosis clearance unavailable/for review.	Madling cratel for	9/1/2	
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Licensee's/Administrator's Signature:	Jmelle	B.	Certonaga
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Print Name: TMELDA \$ .CASTHNAGA

Date: 10/3//35