

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Marquez, Luz	CHAPTER 100.1
Address: 94-908 Kumuao Street, Waipahu, Hawaii 96797	Inspection Date: May 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING

23 DEC -8 10:54

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (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 – Physician ordered “Naproxen 500mg tablet, give 1 tab PO PRN,” and “Docusate sodium 100mg capsule, give 1 cap PO daily PRN.” No as needed (PRN) indication for aforementioned medications noted on physician orders.</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>I took the RESIDENT MDI to CLARIFY the ORDER AND FOLLOW the PHYSICIAN'S ORDER ON the MAR</i></p>	<p style="text-align: right;"><i>9/18/23</i></p> <p style="text-align: right;">23 DEC -8 48 54</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF HEALTH SERVICES STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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><u>FINDINGS</u> Resident #1 – Physician ordered “Naproxen 500mg tablet, give 1 tab PO PRN,” and “Docusate sodium 100mg capsule, give 1 cap PO daily PRN.” No PRN indication for aforementioned medications noted on physician orders.</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 style="text-align: center;"><i>IN THE FUTURE I WILL LET THE SUBSTITUTE CARE GIVER THE RESIDENTIAL NURS TO HELP ME DOUBLE CHECK ON THE ORDER OF THE PHYSICIAN</i></p> <p style="text-align: right; font-size: small;">STATE OF NEW YORK DEPT. OF HEALTH STATE LICENSING</p>	<p style="text-align: right;">23 DEC -8 18:54</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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 Physician ordered "Naproxen 500mg tablet, give 1 tab PO PRN," and "Docusate sodium 100mg capsule, give 1 cap PO daily PRN." No PRN indication for aforementioned medications noted on labels atop medication bottles.</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;">ON MAY 18, 2023 TOLD NEW DOCTORS TO THE PHARMACY AND RENEW THE ORDER IN THE BOTTLE</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>	<p style="text-align: right; font-size: large;">5/18/23</p> <p style="text-align: right; font-size: small;">23 DEC -8 18:54</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (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 Physician ordered "Naproxen 500mg tablet, give 1 tab PO PRN," and "Docusate sodium 100mg capsule, give 1 cap PO daily PRN." No PRN indication for aforementioned medications noted on labels atop medication bottles.</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 style="text-align: center;"> <i>IN THE FUTURE I WILL LET THE SUBSTITUTE CARE GIVER THE RESIDENTIAL NURSE TO HELP ME CHECK THE BOTTLE OF MEDICATIONS.</i> </p>	<p style="text-align: center;">23 DEC -8 8:55</p> <p style="text-align: center;">STATE LICENSING</p>

Licensee's/Administrator's Signature: Ricky A. MARBUTZ

Print Name: RYCK A. MARBUTZ

Date: 12/6/23

STATE OF ILLINOIS
DEPARTMENT OF MOTOR VEHICLES
STATE LICENSING

23 DEC -8 18:55