

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Raza Adult Residential Care Home – Expanded Care	CHAPTER 100.1
Address: 61 Kehaulani Street, Hilo, Hawaii 96720	Inspection Date: June 26, 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)

§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.

FINDINGS
Resident #1 - Physician ordered "Fluticasone 50mcg spray, 1-2 spray each nostril daily as needed." No as needed "PRN" indication on medication order, medication label, and on medication administration record.

PART 1

DID YOU CORRECT THE DEFICIENCY?
USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY

Medication was divirged by PCP on 6/27/23, with indication and faxed order to Pharmacy. 6/27/23

RULES (CRITERIA)	PLAN OF CORRECTION		Date
<input checked="" type="checkbox"/> §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. FINDINGS Resident #1 – Physician ordered "Fluticasone 50mcg spray, 1-2 spray each nostril daily as needed." No as needed "PRN" indication on medication order, medication label, and on medication administration record.	<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>- PCG and or SCG will check order carefully, if there's discrepancy, clarify with PCP.</p>		<p>6/27/23</p>

RULES (CRITERIA)	PLAN OF CORRECTION		Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports. (a)(6)</u> The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Physician or APRN signed orders for diet, medications, and treatments; <u>FINDINGS</u> Resident #3 - Physician ordered "low fat" diet on the "Physician Order Sheet" dated on 5/11/2023. However, physician also wrote "regular diet" on the same order sheet. No clarification of diet order.	<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;">-Diet order was clarified with PCP on 6/28/23 "Regular diet."</p>		<p style="text-align: center;">6/28/23</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Physician or APRN signed orders for diet, medications, and treatments; <u>FINDINGS</u> Resident #3 - Physician ordered "low fat" diet on the "Physician Order Sheet" dated on 5/11/2023. However, physician also wrote "regular diet" on the same order sheet. No clarification of diet order.	<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>PCG and or SGG will carefully check any physician order. Any discrepancy, will be clarified by PCP.</p>	<p>6/24/23</p>

Licensee's/Administrator's Signature: [Handwritten Signature]
Print Name: [Handwritten Name]
Date: [Handwritten Date]