

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: RMJ Adult Care Home Inc.	CHAPTER 100.1
Address: 99-049 Kinoole Place, Aiea, Hawaii 96701	Inspection Date: December 7, 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
DEPARTMENT OF
STATE OPERATIONS

23 DEC 18 P4:02

	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></p> <ol style="list-style-type: none"> 1. Resident #2- One tube of Muscle Rub with no label found at bedside table. 2. Resident #3- One bottle of Ammonium Lactate found at bedside table. <p>Primary Caregiver (PCG) secured medications during the time of inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">12/7/2023</p> <div style="text-align: right;"> <p>STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p> <p>23 DEC 18 P4:02</p> </div>

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	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> Resident #1-</p> <ol style="list-style-type: none"> 1. Physician ordered on 8/21/23 for "Gabapentin 100 mg Take 1 capsule three times a day for pain", however; medication label reads, "Gabapentin 100 mg Take 1 capsule three times a day as needed for pain". 2. Physician ordered on 8/18/23 for "Systane Eye Drops Instill one drop to both eyes twice daily", however; medication label reads, "Systane Eye Drops Instill eye drops to both eyes twice daily". 	<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>1) Yes, PCG called the physician's doctor office after nurse consultant finished her inspection to my facility. Spoke to his medical assistant to correct the prescription order due to incorrect medication label from the pharmacy to per medical assistant she will notify PCP and she will call pharmacy to correct the prescription label to match MAR list. I did put corrected label into the medication bottles from PO TID to Per Needed for Pain to PO TID for Pain.</p> <p>2) Yes, PCG did a new label after nurse consultant finished her inspection to correct the order from Instill eye drops to both eyes twice daily to Instill eye drop to both eyes twice daily.</p>	<p>23 DEC 18 2023</p> <p>12/15/2023</p>

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Licensee's/Administrator's Signature: AMJ Adult Care Home Inc. *[Signature]*

Print Name: MARICEL ROSARIO

Date: December 15, 2023

STATE OF MARYLAND
DEPARTMENT OF
STATE LICENSING

23 DEC 18 P 4:01