

Office of Health Care Assurance

State Licensing Section

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
24 MAY 22 P 2:04

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Abad, Edna (ARCH)	CHAPTER 100.1
Address: 98-312 Kaluamoi Drive, Pearl City, Hawaii 96782	Inspection Date: April 22, 2024 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.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

	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>FINDINGS Resident #1- Physician ordered on 8/29/23 for Benzonatate capsules "Take 1 capsule PO TID PRN for cough and itchy throat"; however, no documentation that the medication was made available in the medication administration record (MAR).</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>24 MAY 22 P 2:00</p>

	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- Physician ordered on 8/29/23 for Benzonatate capsules "Take 1 capsule PO TID PRN for cough and itchy throat"; however, no documentation that the medication was made available in the medication administration record (MAR).</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>IN THE FUTURE TO PREVENT THIS TO HAPPEN AGAIN, BOTH PRIMARY CARE GIVER (PCG) AND SUBSTITUTE CARE GIVER (SCG) NEED TO CHECK THE PHYSICIAN MEDICATION ORDERS AND DOCUMENTED TO THE MEDICATION ADMINISTRATION RECORD (MAR) AND MAKE PRESCRIBED MEDICATIONS AVAILABLE TO THE RESIDENTS AND RECORD/SIGNED AFTER ADMINISTRATION.</p>	<p style="text-align: right;">4/26/24</p> <p style="text-align: right;">MAY 22 12:00</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p>FINDINGS Bedroom #1- Electronic signaling device was not working during the time of inspection.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>BATTERY CHANGED AND RE-INSTALLED PROPERLY.</p>	<p>4/26/24</p> <p>24 MAY 22 P 2:00</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: Edna S. Adams

Print Name: EDNA S. ADAMS

Date: 5/17/2024

24 MAY 22 P2:01
STATE LICENSE NO