Office of Health Care Assurance

State Licensing Section

'24 FEB 27 P1:02

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: MIVA ARCH	CHAPTER 100.1
Address: 87-158 Kaukamana Street, Waianae, Hawaii 96792	Inspection Date: February 16, 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING 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
☒	§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **<u>FINDINGS</u>** Employee #4 – No documented evidence of a current tuberculosis clearance by a physician or advanced practice registered nurse (APRN).	**PART 1** **<u>DID YOU CORRECT THE DEFICIENCY?</u>** Yes **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** "I have notified the the employee #4 to call the doctor or APRN and obtain the documented evidence of a current TB clearance, and it is available for review with the rest of my care home staff clearances!"	02/26/24

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** Employee #4 – No documented evidence of a current tuberculosis clearance by a physician or APRN.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this deficiency I have to give instructions to my caregivers to put a high lite on the date of the screening of the TB clearance or use a post stick reminders. for the doctor or APRN to sign. See enclosed evidence TB document	02/26/24

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 "Ceramide cream" and "Calmoseptine cream" for topical use. No medication labels on aforementioned medications.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** Yes **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** "I put the label of the over the counter medication "Cerave cream" and "Calmoseptine cream" for topical use as ordered by PCP or APRN.	2/16/24

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☒	§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 "Ceramide cream" and "Calmoseptine cream" for topical use. No medication labels on aforementioned medications.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this deficiency from happening in the future, I have added reminder on my calendar to check medication orders with proper label as ordered by PCP or APRN. This should match with the physician order, medication sheet & proper label of the medication.	2/16/24

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 "Acetaminophen 325mg tablet, 2 tablets PO BID PRN pain or temp > 100F." Medication label does not indicate as needed indication.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** Yes **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** "I put the proper and complete label of Acetaminophen 325mg, 2 tabs BID prn pain or temp >100F" as ordered by PCP or APRN."	2/16/24

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 "Acetaminophen 325mg tablet, 2 tablets PO BID PRN pain or temp > 100F." Medication label does not indicate as needed indication.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this deficiency from happening in the future, I have added reminder on my calendar to check medication orders with proper label as ordered by PCP or APRN. This should match with the physician order, medication sheet & proper label of the medication.	2/16/24

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(8) 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: A current inventory of money and valuables. **FINDINGS** Resident #1 & Resident #3 – No documented evidence of a current inventory of belongings on file.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** yes **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** "I put on file the documented evidence of the resident inventory of belongings in the chart."	2/16/24

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(8) 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: A current inventory of money and valuables. **FINDINGS** Resident #1 & Resident #3 – No documented evidence of a current inventory of belongings on file.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this deficiency from occuring again in the future, I have updated my admission checklist to include a reminder that documented evidence of resident belongings must be put on file in the chart and being reviewed every month or whenever the family visit during holiday and on the birthday of the resident.	2/16/24

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Licensee's/Administrator's Signature: Imelda Arreola Pr-

Print Name: Imelda Arreola

Date: 02-26-2024

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