Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Maria Norma Jacinto ARCH-EC	CHAPTER 100.1
Address: 94-332 Kipou Place, Waipahu, Hawaii 96797	Inspection Date: August 13, 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
§11-100.1-15 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. FINDIA Resident #1 — Chest congestion relief solution was discontinued on 7/30/24, however, the medication was found in the resident's medication container. Primary caregiver (PCG) removed during time of inspection.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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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. 11ND: 35 Resident #1 - Chest congestion relief solution was discontinued on 7/30/24, however, the medication was found in the resident's medication container. PCG removed during time of inspection.	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'll remove the discontinued medicine from resident's medicine container and flushed down toilet preferably solutions.	08/14/24

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-17 Records and reports. (f)(2) General rules regarding records: Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them; FINDINGS Resident #1 — No documented evidence of a legend used in recording the medication administration record (MAR) from August 2023 to August 2024.	PLAN OF CORRECTION PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes, corrected deficiency by putting legend on every page of each MAR.	_

 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (f)(2) General rules regarding records:	PART 2	08/14/24
Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;	<u>FUTURE PLAN</u>	
FINDINGS Resident #1 - No documented evidence of a legend used in	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT	
recording the MAR from August 2023 to August 2024.	IT DOESN'T HAPPEN AGAIN? To prevent this from happening again in the future, I'll	
	put a note at the beginning of the MAR section as a reminder for me to use legend on each MAR page.	ļ ;

Licensee's/Administrator's Signature:	Maria Norma M. Jacinto	
Print Name:	Maria Norma M. Jacinto	
Date:	Aug 21, 2024	