Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Villar, Marylin (ARCH)	**CHAPTER 100.1**
Address: **94-242 Pupukahi Street, Waipahu, Hawaii 96797**	**Inspection Date: November 8, 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
☒	§11-100.1-10 Admission policies. (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained. **FINDINGS** Resident #2 – No documented evidence of an inventory maintained during the time of inspection. **Please submit a copy of the inventory with your plan of correction.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** create a new one for the inventory.	12/23/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained. **FINDINGS** Resident #2 – No documented evidence of an inventory maintained during the time of inspection. **Please submit a copy of the inventory with your plan of correction.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, to prevent deficiency from happening again, I as Primary care Provider will create a check list that inventory must be maintained in the Residents chart. I will place this check list in my Care Home Binder and I will refer to this check list when I do my yearly audit.	12/23/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #1 – Specialist ordered on 5/21/24 for low sugar diet, however, the primary care provider ordered regular on 8/20/24. No documented evidence that the diet orders were clarified with the physician.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** dil clarify with the doctor and will served diet order to consistency.	12/23/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #1 – Specialist ordered on 5/21/24 for low sugar diet, however, the primary care provider ordered regular on 8/20/24. No documented evidence that the diet orders were clarified with the physician.	**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 deficiency I as a primary care provider, In the future, I will create a check list that will show check diet order on physician order. This checklist will be place in the Care Home Binder and I will refer to this checklist for my monthly diet audit.	12/23/24

	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 Ezetimibe 100 mg, however the medication label reads Ezetimibe 10 mg. The physician order and medication label do not match.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** ~~Check~~ m Check the medication label in the bottle if the medication it matches ~~the~~ the physician order. - or make a check list to make sure the medication label matches the physician order.	12/23/24

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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 Ezetimibe 100 mg, however the medication label reads Ezetimibe 10 mg. The physician order and medication label do not match.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will create a the check list to make sure the medications label matches the physician order.	1/23/24

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. **FINDINGS** Resident #1 – The medication administration records (MAR) from February 2024 to November 2024 was written as "Ezetimibe 75 mg Take 1 tablet QD"; however, the physician order was written as "Ezetimibe 100 mg Take 1 tablet daily". The medication order and MAR do not match.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Review/check the medication administration record weekly to the medication taken by the resident matches the physician order.	12/23/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. **FINDINGS** Resident #1 – The MARs from February 2024 to November 2024 was written as "Ezetimibe 75 mg Take 1 tablet QD"; however, the physician order was written as "Ezetimibe 100 mg Take 1 tablet daily". The medication order and MAR do not match.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** On the future, I will create a check list to make sure the physician order medication administration record (MAR) place in the Care Home Binder.	12/23/24

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Licensee's/Administrator's Signature: _____

Print Name: MARILIN VILLAR

Date: 12/23/24

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