Office of Health Care Assurance

'25 Apr 14

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Edita Castro	**CHAPTER 100.1**
Address: **201 Kuhilani Street, Hilo, Hawaii 96720**	**Inspection Date: March 12, 2025 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. **FINDINGS** Resident #1 – Physician ordered "Tylenol 500mg tablet, 1 tab PO every 6 hours PRN." Medication label without as needed (PRN) indication.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, right after my inspection last March 12, 2025, I called Res.#1 Primary Doctor, Dr. Gulnara Madeau to let her add for pain/fever in the prescribed Tylenol 500 mg for Res.#1. So now it has proper indication in the Medication label as changed to - Tylenol-500 mg - to take 1 tab PO. every 6 hours as needed for pain or fever as corrected.	April 4, 2025

	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 "Tylenol 500mg tablet, 1 tab PO every 6 hours PRN." Medication label without PRN 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?** In order to ensure that this deficiency wouldn't happened again, I have to make sure and check always before I leave after the appointment on the Physician's Order that all medications prescribed or ordered by the Physician was properly indicated what the medications use for especially the as needed medications. Also, I will let my other caregiver or substitutes - Candylanio Castro, Cheryl Bartolome, to check or verify the medications prescribed with proper indication from the Physician's Order and Medication Administration Record in order not or to ensure that this deficiency wouldn't happened again.	April 4, 2025 4/11/25

(page 3)

	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 – Physician ordered "Tylenol 500mg tablet, 1 tab PO every 6 hours PRN." Medication documented on December 2024 – February 2025 medication administration record (MAR) without PRN indication.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** Yes, it's no longer anymore appropriate for me to correct this deficiency since Tylenol 500mg already documented in Dec. 2024 - Feb. 2025 in the Medication Administration Record without PRN indication.	April 4, 2025

	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 – Physician ordered "Tylenol 500mg tablet, 1 tab PO every 6 hours PRN." Medication documented on December 2024 – February 2025 MARs without PRN 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?** In the future, I will make sure that wholeness medications prescribed or ordered by the Physician should always match to record in the Medication Administration Record with proper order or indications in order not to have this deficiency again in the future. I will check the Physician's Order Record before I leave the office if it has proper indication on all medications prescribed. Also, I will let my other caregiver or Substitutes - Carolyn Cortez, Cheryl Bartolome to check or verify the medications prescribed with proper indication from the Physician's Order and Medication Administration Record in order not or to ensure that this deficiency incident happened again. (5)	April 4, 2025

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 - Physician ordered "Tylenol 500mg tablet, 1 tab PO every 6 hours PRN." Medication order by health practitioner without PRN indication.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, right after my inspection last 3/12/25, I called Dr. G. Hadeed, the Primary Doctor of Res. #1 to give proper indication of the prescribed medication by adding for pain or fever to the Tylenol-500mg tab to take 1 tab P.O. q 6°, PRN. So it was corrected on 3/14/25 matching from the Physician's Order to the Medication Administration Record.	April 4, 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 - Physician ordered "Tylenol 500mg tablet, 1 tab PO every 6 hours PRN." Medication order by health practitioner without PRN 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?** In order to ensure that this deficiency wouldn't happened again I will make sure that before I leave in the office or during during appointment, I will make sure that all prescribed medications by the physician has all the proper indications as ordered by reading or checking the Physician's Order so can match the same order with proper indications to the Medication Administration Record correctly. Also, I will let my other caregiver or Substitutes - Candylario Castro and Cheryl Bartolome to check or verify the ⑦ medications prescribed with proper indication from the Physicians Order and Medication Administration Record in order not n to ensure that this deficiency wouldn't happened again.	April 4, 2025 4/11/25

Licensee's/Administrator's Signature: Edita Castro

Print Name: EDITA CASTRO

Date: April 5, 2025