

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Evelyn Valdez (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 91-1129 Kiwi Street, Ewa Beach, Hawaii 96706	Inspection Date: February 14, 2023 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.

23 MAY 15 01:51

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; <u>FINDINGS</u> Substitute Care Giver #1 – No current first aid certification.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Substitute Caregiver #1 has an appointment to obtain first Aid Certification on 3/15/2023	3/15/23

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☒	§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; <u>FINDINGS</u> Substitute Care Giver #1 – No current first aid certification.	PART 2 <u>FUTURE PLAN</u> 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 review required Certification yearly during the first week of January to ensure substitute caregiver has a current first Aid Certification. To ensure it doesn't happen again, I will make a checklist of when each substitute is due for renewal.	J/10/23 23 NOV 15 PM 5:1

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 <u>Medications.</u> (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. <u>FINDINGS</u> Resident #1 – Medication order for Loratidine = 10 mg orally once daily as needed. Medication label states Loratidine 10 mg take 1 table by mouth daily. Medication label does not include as needed status.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Resident # I had an MD appointment on 3/2/23 where I clarified the medication order for loratidine. A new prescription was written and filled in which the medication label and medication order are the same.	5/10/23 23 MAY 15 PM 1:51

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (a)(1) 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: Documentation of primary care giver's assessment of resident upon admission; <u>FINDINGS</u> Resident #1 – No assessment by the primary care giver upon resident's 4/15/2022 readmission.	PART 2 <u>FUTURE PLAN</u> 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 use the admission/readmission checklist to ensure that a primary care giver completes an assessment for each resident that is newly admitted or readmitted.	5/12/23 23 MAY 15 AM 51

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. <u>FINDINGS</u> • Resident #2 – Weight in January 2022 = 98 lbs. and weight in February 2022 = 83 lbs. No documented evidence the resident's physician was notified regarding the significant weight change. • Resident #3 – Weight in September 2022 = 165 lbs. and weight in October 2022 = 177 lbs. No documented evidence the resident's physician was notified regarding the significant weight change.	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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Licensee's/Administrator's Signature: Evelyn Valdez

Print Name: Evelyn Valdez

Date: 2/24/2023

STATE OF ARIZONA
DEPARTMENT OF
STATE EDUCATION

23 MAR -1 P1:13

Licensee's/Administrator's Signature: Evelyn Valdez

Print Name: Evelyn Valdez

Date: 5/12/23

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