

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<p>Facility's Name: Olivas, Rosalinda (ARCH/Expanded ARCH)</p>		<p>CHAPTER 100.1</p>
<p>Address: 3410 Aliamannu Street, Honolulu, Hawaii 96818</p>		<p>Inspection Date: April 15, 2015 Annual</p>
<p>Rules (Criteria)</p>	<p>Plan of Correction</p>	<p>Completion Date</p>
<p><input checked="" type="checkbox"/> §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.</p>	<p>Refer I admitted resident #1 to my carehome I called PR and asks if I can give the medicines that were listed and the doctor said "stay just let me sign when comes for next appointment, but I forgot to write on my progress note. In the future, I will have to write order of the doctor, let the doctor sign my med list and let my substitute double check medications.</p>	<p>April 16, 2015</p>
<p>FINDINGS 1. Resident #1 the following medications listed on the medication administration record (MAR) as given through [REDACTED] without signed physician orders: [REDACTED] and [REDACTED], also on MAR but not given.</p>		

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications: (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver.	<p>On [redacted], I accompanied Resident #1 to [redacted] PP. I verified if I continue to give [redacted]. Doctor signed order to continue. In the future, I will have to be careful and let the doctor give a signed order.</p>	April 14, 2015
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services: (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to	<p>In the future, I have to be sure that medicines given to patient are with signed order by the doctor. On April 14, 2015 I asked the doctor signed the meds lists.</p>	April 14, 2015

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<p>the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p>FINDINGS Resident #1 case management service plan identifies the following problems, but there are no care plans to address the problems. [REDACTED] in [REDACTED] and [REDACTED]</p>	<p>Case manager came to visit on April 22, 2015, told [REDACTED] about the findings and we discuss about it. In the future I will have to read carefully the service plan and I have to be sure that care plans are address to the problems and let my substitutes double check.</p>	<p>April 22, 2015</p>

Licensee/Administrator's Signature:

Print Name:

Date:

[REDACTED] [REDACTED]
 [REDACTED] [REDACTED]
 June 5, 2015