

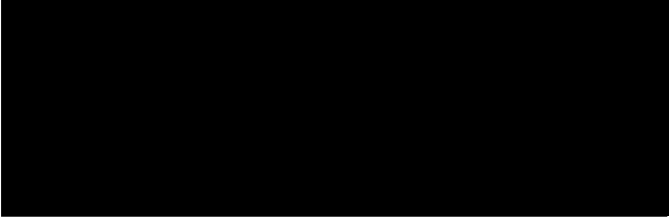
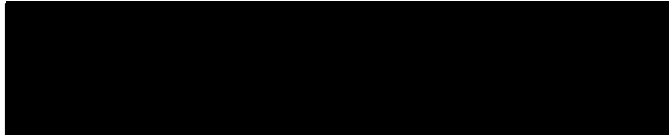
Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Amodo, Marcelina (ARCH)	CHAPTER 100.1
Address: 1719 Perry Street, Honolulu, Hawaii 96819	Inspection Date: February 24, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p>FINDINGS Fire drills conducted every four months, requirement is quarterly.</p>	See attached	
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p>FINDINGS Refrigerator thermometer does not reflect accurate temperature (25 degrees F in refrigerator, 66 degrees F at room temperature.)</p>	See attached	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS</p> 	<p>See attached</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p>FINDINGS</p> 	<p>See attached</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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 initialed by the care giver.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS</p> <p>[REDACTED]</p>	<p><i>see attached</i></p>	
<input checked="" type="checkbox"/>	<p>§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:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS [REDACTED] No primary care giver assessment upon readmission.</p>	<p><i>see attached</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p><i>see attached</i></p>	

Licensee/Administrator's Signature: Marcelina Amado

Print Name: Marcelina Amado

Date: 4/14/15

Amodo, Marcelina (ARCH)
Plan of Correction Pages 1 & 2

***11-100.1-12 Emergency care of residents and disaster preparedness**

I am now conducting our fire drills every 3 months rather than every 4 months. We've started this new routine beginning March 1, 2015.

In the future we will double check to see that our requirement for drills are adequate or will even perform more drills than needed.

Completion Date: March 1, 2015

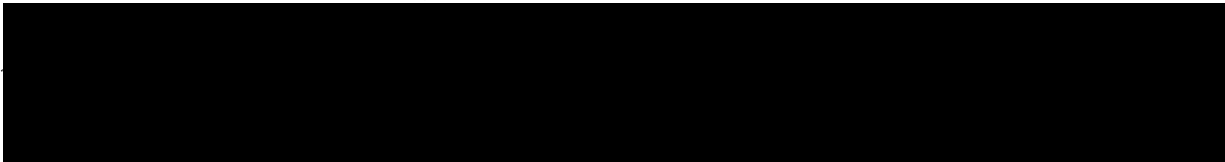
***11-100.1-14 Food sanitation**

I have replaced the faulty thermometer with a new one,

In the future we will perform monthly test on the refrigerator thermometer to make sure it is working properly

Completion Date: February 25, 2015

***11-100.1-15 Medications**



In the future, when my resident goes to the hospital, I will make sure to bring a list of current medications, so upon discharge it will be listed correctly on discharge paper for re admittance.

Completion Date: July 25, 2015

***11-100.1-15 Medications**



In the future, when I receive a verbal order I will write it on the physical order and make sure the doctor signs it at the next visit within 4 months of time it took place.

Completion Date: July 25, 2015

Amodo, Marcelina (ARCH)
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***11-100.1-15 Medications**



In the future I will make sure that my MAR coincides with doctors orders by double checking what I have written, before I start filling it out as needed. I will also update it as soon as possible if needed.

Completion Date: February 24, 2015

***11-100.1-17 Records & Reports**



In the future I will fill out and have the primary care giver's assessment of resident for all admission, re admission, or transfers before the day ends so that it is available in the binder for review when needed.

Completion Date: February 25, 2015

***11-100.1-17 Records & Reports**



In the future, I will include in my monthly progress reports all visits to physicians and my observation of my resident's reaction to all new orders of medication.

Completion Date: February 28, 2015