

Office of Health Care Assurance

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State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII  
DEPARTMENT OF HEALTH

Facility's Name: Annelyn Raval (ARCH)	CHAPTER 100.1
Address: 94-362 Apowale Street, Waipahu, Hawaii 96797	Inspection Date: January 7, 2016 Annual

	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><u>FINDINGS</u> Resident #1 no MD order [REDACTED]</p>	<p>11-100.1-15 (e) Resident #1 [REDACTED] I fixed it. To prevent the deficiencies, in the future I created a check list for medication ordered [REDACTED]</p>	4-12-2016
		<p>11-100.1-15 (e) Resident #1 I checked over the record [REDACTED] Physician orders [REDACTED] is corrected [REDACTED]</p> <p>[REDACTED] I check &amp; write in the med. record properly dated same as in the progress note. [REDACTED]</p>	5-17-2016

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (e)</u> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 [redacted] was signed off on MAR as being administered daily [redacted] but wasn't ordered by MD until [redacted].</p>	<p>11-100.1-15 (e) Resident # [redacted] [redacted]. I have already fixed and I made another calendar checklist reminder to prevent deficiencies in the future.</p>	<p>4-12-2016</p>
		<p>11-100.1-15 (e) Resident #1 I check over the medication record re-write properly dated Physician ordered prescribe date as copy's on closed per [redacted] [redacted] daily and wrote in the Progress Note for documentation to prevent deficiency's in the future.</p>	<p>5-17-2016</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (g)</u> 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.</p> <p><b>FINDINGS</b> Resident #1 medications ordered [redacted] were not renewed until [redacted].</p>	<p>11-100.1-15 (g) Resident #1 today I have already fixed. I create a reminder checklist form Quarterly Medications Update signed by the physician to prevent deficiencies in the future.</p>	<p>4-12-2016</p>
		<p>11-100.1-15 (medication (G)) Resident I &amp; check the Quarterly Medications Update &amp; corrected it already.</p>	<p>5-17-2016</p>



§11-100.1-17 Records and reports. (b)(3)

During residence, records shall include:

Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;

**FINDINGS**

Resident #1 [REDACTED] change in medications not noted in progress notes.

11-100.1-17(b)(3) Resident #1  
I have already fixed and noted  
in the progress notes to  
prevent deficiencies in  
the future.

4-12-2016

11-100.1-17(b)(3) Resident #1  
& corrected already. I will make  
checklist related to the progress  
note, diet, vitamins, medications  
changes to prevent deficiency  
in the future.

SO. 11-17-16

11 YAM 3P

5-17-2016

<p>General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b>FINDINGS</b> Resident #1 emergency sheets missing [redacted] as current medications.</p>	<p>11-100.1-17(F)(4) corrected By adding [redacted] [redacted] on the Emergency sheet to prevent deficiency in the future.</p>	<p>5-17-2016</p>
	<p>11-100.7-17(F)(4) I made a checklist and a calendar reminder.</p>	<p>5-31-2016</p>

Licensee's/Administrator's Signature: Annelyn B. Raval  
 Print Name: ANNELYN B. RAVAL  
 Date: 4-12-2016

Licensee's/Administrator's Signature: Annelyn B. Raval  
 Print Name: ANNELYN B. RAVAL  
 Date: 5-17-2016

Licensee's/Administrator's Signature: Annelyn B. Raval  
 Print Name: ANNELYN B. RAVAL  
 Date: 5-31-2016