

## Office of Health Care Assurance

## State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Monegas Care Home and Expanded ARCH	CHAPTER 100.1
Address: 94-913 Kuhaulua Street, Waipahu, Hawaii 96797	Inspection Date: March 4, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (m)</u> 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> <p><b>FINDINGS</b> [REDACTED] Medication administration record, medication not signed as given or held [REDACTED]</p>	<p>- Resident [REDACTED] Physician order [REDACTED] [REDACTED] charted and given but forget to sign - In the future I shall sign after giving medication in the medication form and asked my substitute caregiver to review the medication form every day and monthly</p>	3/4/16
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (e)</u> In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b>FINDINGS</b> Resident [REDACTED] emergency data sheet incorrect; medications not</p>	<p>- Resident [REDACTED] during my inspection 3/4/16, I updated the medications list in Emergency Data sheet - In the future I shall review the Emergency Data sheet after come home from Physician appointment. I will asked my caregiver substitute to double check every month.</p>	3/4/16

	Rules (Criteria)	Plan of Correction	Completion Date
	correct [redacted] remained on list after completion and updated.		

Licensee's/Administrator's Signature:

[redacted]

Print Name:

Date: 4/27/16