Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Saludares, Florentina (ARCH)	**CHAPTER 100.1**
Address: **392 Kaiwiki Road, Hilo, Hawaii 96720**	**Inspection Date: August 29, 2016 Annual**

IMMEDIATE ADVISORY

POSTING OF DEFICIENCES AND PLANS OF CORRECTIONS

If you fail to submit a plan of correction (POC) within ten (10) working days of receipt of your Statement of Deficiencies (SOD): Your SOD will be posted on the Department of Health (DOH) website with the following statement: **"POC NOT RECEIVED AS OF <DATE>"**
If you initially submit an unacceptable POC (UPOC), you have ten (10) working days to submit an acceptable POC. If the revised POC is still unacceptable, your SOD will be posted on the DOH website with the following statement: **"POC NOT ACCEPTABLE"**
If you initially submit an unacceptable POC (UPOC), but you fail to submit a revised POC, your SOD will be posted on the DOH website with the following statement: **"POC NOT ACCEPTABLE"**

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. **FINDINGS** Refrigerator thermometer read 55° F at room temperature.	**DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I replaced the old thermometer to a new one right away on the day of my annual inspection	Aug 29 2014

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-14 (c)	**FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Future Plan - I put a note posted on the refrigerator and put a big word Look and write - Check thermometer and make sure its read as 45 of or less	Aug 29 2016 ~~Sept~~ 29 ~~2014~~

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1, physician order dated May 24, 2016 read, However, the monthly medication records reflect that the medication was administered beginning August 6, 2015.	**DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I cannot go back because its done already.	Aug 29 2016

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-15 (e)	**FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Future Plan - Put on check list posted on the wall in front of my desk that I can see whenever I chart on MAR. and that all medication ordered by the physician must be documented on MAR on the very first day its administered.	Aug 29 2011

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. **FINDINGS** Resident #1, physician orders dated, August 6, 2015, January 27, 2016, and May 24, 2016 read: However, the monthly medication records for August 2015 – May 2016 read: Incomplete medication orders.	**DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I can not go back to the month that's already done, however the physician corrected it and write the complete medication order on was done Sept 16 2014 on the next appointment	

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-15 (f)	**FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Future Plan - mark on calendar on the date of my upcoming appointment to double check physician order that all medication ordered should be complete including dose time + route	Aug 29 2014

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (f)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; **FINDINGS** Resident #1, June – August 2016 medication records initialed in blue ink.	**DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I cannot go back because its done already but I bought black pen ink.	Sept 12 2017

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-17 (f)(1)	**FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Future Plan - I kept all my blue ink pen in a container I'm not going to buy blue ink pen anymore - I included on my checklist pasted on the wall in front of my desk where it says Use Black INK Pen only	Aug 29 2014

Licensee's/Administrator's Signature: Florentina Salvadores

Print Name: FLORENTINA SALVADORES

Date: Sept 19 2014