

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lota Bumanglag (ARCH)	CHAPTER 100.1
Address: 94-366 Kahuanani Street, Waipahu, Hawaii 96797	Inspection Date: February 16, 2017 – Annual Inspection

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

RECEIVED

17 MAY -9 P 3:15

1071
DEPARTMENT OF HEALTH
STATE LICENSING SECTION

	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> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> Expired (8/2016) 2% Mupirocin ointment in first aid kit.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>How I corrected: Removed 2% Mupirocin ointment in the first aid kit and discarded right away on Feb 16, 2017. I will stick to the suggested list of the first aid kit supplies by the OCHA ARCH 10 form</p>	<p style="text-align: center;">Feb. 16, 2017</p> <p style="text-align: center;">17 MAY -9 3:15 RESOLVED</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Monthly progress notes for Resident #1 do not include observations of the resident's response to medications.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">How I corrected: Charted "noted no adverse reaction to the medications and tolerating well" on Feb 17, 2017.</p>	<p style="text-align: center;">Feb. 17, 2017</p> <p style="text-align: center;">17 MAY -9 13:15</p> <p style="text-align: center;">RESOLVED</p>

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Licensee's/Administrator's Signature: Lota T. Bumanglag

Print Name: Lota T. Bumanglag

Date: 5/9/17

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Division of Professional Regulation
D. J. SICA Licensee