

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ugalde, Fely (ARCH)	CHAPTER 100.1
Address: 94-537 Hiapaiole Loop, Waipahu, Hawaii 96797	Inspection Date: April 20, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p>FINDINGS Resident #1 no signed written agreement in record from admission stating the policy, procedures and monthly fees charged by the care home. There is a signed form stating the resident rights while in the care home.</p>	<p><i>Resident #1 has already signed the written agreement of the policy procedures and monthly fees charged by the care home.</i></p> <p><i>In the future I have to let my (SERS) review the agreement to prevent a similar deficiency from recurring.</i></p>	<p><i>May 2/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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 initiated by the care giver.</p> <p>FINDINGS Resident #1 medication administration record for the month of April 2016 indicates that PRN medication have been administered for the entire month, including the future days of the month.</p>	<p>Resident #1 was done and corrected.</p> <p>In the future I will have my (SC#) double check weekly the medication records to ensure that I am doing it correctly.</p>	<p>April 28/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Resident #1 physical examination (PE) completed by physician not dated. Unable to determine when PE was completed. Provide a current copy of a dated PE with your plan of correction.</p>	<p>Resident's #1 Physical Examination (P.E) is already done and dated by Dr. Ben Ferialis. Copy is enclosed.</p> <p>In the future I will have my (SC#) or CNA, to check weekly the medication records to ensure that I am doing it correctly.</p>	<p>April 28/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) 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>In the event of emergency, oral summary of resident condition was already done and corrected last April 28, 2016.</p>	<p>April 28/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS Resident #1 emergency data sheet incomplete, not all medication listed, and the medication that is listed is incorrect.</p>	<p>In the future I will have my (SCM) double check my records that the deficiency will not happen anymore.</p>	<p>July 28/16</p>

Licensee's/Administrator's Signature: Fely E. Ugalde

Print Name: FELY E. UGALDE

Date: July 20 2016

Licensee's/Administrator's Signature: Fely E. Ugalde

Print Name: Fely E. Ugalde

Date: October 28 2016