

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 DEFICIENCIES AND PLANS OF CORRECTIONS

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

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

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

	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, physician order dated <u>May 24, 2016</u> read, "Glipizide 10 mg tablet take 1 tablet by oral route every day before a meal." However, the monthly medication records reflect that the medication was administered beginning <u>August 6, 2015</u>.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I cannot go back because its done already.</i></p>	<p><i>Aug 29 2014</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-15 (e)	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>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 it administered.</p>	Aug 29 2011

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><u>FINDINGS</u> Resident #1, physician orders dated, August 6, 2015, January 27, 2016, and May 24, 2016 read:</p> <ul style="list-style-type: none"> • "Labetalol 200 mg" • "Risperidone 1 mg" • "Trihexylphenadyl 2mg" • "Metformin 1000 mg" <p>However, the monthly medication records for August 2015 – May 2016 read:</p> <ul style="list-style-type: none"> • "Labetalol 200 mg 1 tab three times a day" • "Risperidone 1 mg 1 tab 3 times a day" • "Trihexylphenadyl 2 mg 1 tab 3 times a day" • "Metformin 1000mg 1 cap BID" <p>Incomplete medication orders.</p>	<p style="text-align: center;"><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><i>I cannot go back to the month that's already here, however the physician corrected it and write the complete medication order on was done Sept 15 2014 on the next appointment</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-15 (f)	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Future Plan -</i> <i>mark on calendar on Aug 29 2014</i> <i>the date of my upcoming</i> <i>appointment to double check</i> <i>physician's orders that all</i> <i>medications ordered should</i> <i>be complete including dose</i> <i>time + route</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1, June – August 2016 medication records initialed in blue ink.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I cannot go back because its done already but I bought black pen ink.</i></p>	<p><i>Sept 12 2014</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-17 (f)(1)	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Future Plan -</i></p> <p><i>I kept all my blue ink pens in a container I'm not going to buy blue ink pen anymore -</i></p> <p><i>I included on my checklist posted on the wall in front of my desk where it says Use Black Ink Pen only</i></p>	<p><i>Aug 29 2016</i></p>

Licensee's/Administrator's Signature: Florentina Saldaña

Print Name: FLORENTINA SALDANA

Date: Sept 19 2014