

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Sagadraca Care Home	<b>CHAPTER 100.1</b>
<b>Address:</b> 94-329 Kiokio Place, Waipahu, Hawaii 96797	<b>Inspection Date:</b> November 23, 2016 Annual

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

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 care plan not updated with changes in physician prescribed medications.</p> <ol style="list-style-type: none"> <li>1) Metformin 500mg</li> <li>2) Lithium 450mg</li> </ol>	<p style="text-align: center;"><b>PART 1</b> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Case manager corrected and updated care plan for Resident #1 regarding</i></p> <ol style="list-style-type: none"> <li>(1) Metformin 500mg.</li> <li>(2) Lithium 450mg.</li> </ol> <p style="text-align: center;"><u>Changes</u></p> <p>- (1) Metformin 500mg - 1 tab po <del>QHS</del> <sup>pc</sup> 2/20/16 Metformin 500mg - 1 tab po QD with breakfast - hold if sugar is eff. &lt; 2/20/16 less than 100.</p> <p>- (2) Lithium 450mg - 1 tab po <del>QHS</del> - <sup>pc</sup> 2/19/16 Lithium 300mg - 1 tab po QD Lithium 150mg - 1 tab po BID } eff. 2/19/16</p>	<p style="text-align: center;">12/13/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-88 (c)(4)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>- In the future, I will call the case manager as soon as possible after a doctor's visit for any changes in treatment and medications. I will place a post-it note in client's folder as a reminder for me and case manager so that when she comes for the home visit she will see it and discuss it together of the change. In discussing with case manager, she stated that she too will remind herself of the changes.</p> <p>- I will also put a post-it note on the doctor's progress note as a reminder for me and case manager.</p>	12/13/16

Licensee's/Administrator's Signature: Aurora A Sagadora  
Print Name: Aurora A Sagadora  
Date: December 14, 2016