

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Monegas Care Home and Expanded ARCH	CHAPTER 100.1
<b>Address:</b> 94-913 Kuhaulua Street, Waipahu, Hawaii 96797	<b>Inspection Date:</b> March 31, 2017 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.**

*Handwritten notes:*  
17  
2017  
2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a)  Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><b><u>FINDINGS</u></b>  Resident #1 level of care form not completed properly. Physical examination states resident is ARCH level. Per primary care giver resident is expanded care. Clarify level of care with resident physician.</p>	<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>Resident #1 level of care.  Reassessment done by Timothy Tsai, APRN from Living Well Clinic, from Type I ARCH level to Type I ICF level.</p>	<p>4/6/17</p> <p style="text-align: right; vertical-align: bottom;">47</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 Admission policies. (a)            Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><b><u>FINDINGS</u></b>            Resident #1 level of care form not completed properly. Physical examination states resident is ARCH level. Per primary care giver resident is expanded care. Clarify level of care with resident physician.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><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>Resident #1 level of care            In the future, I shall review all the admission list. If level of care need to clarify, clarification be made upon admission.            Secondly I shall asked my substitute care giver to review the admission list.</p>	<p style="text-align: center;">4/6/17</p> <p style="text-align: right;">47</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b>FINDINGS</b></p> <ol style="list-style-type: none"> <li>Resident #1 physician order dated 3/2/17 and 3/30/17, all medications listed without instruction on route and frequency of dose. Invalid order clarify orders with physician.</li> <li>Resident #1 "Base d polyethylene glycol powder" physician order dated 3/30/17 has no dose, route, or frequency listed. No valid physician order, not listed on medication administration record. Medication is available and per primary care giver, medication is being administered to resident.</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>Resident #1 He was checked up by Timothy Tsai APRN from Living Well Central Oahu and according to him, "As per our electronic medical records the after visit summary print out from each encounter only shows a list of medication names. It does not print with instruction for use. A complete medication list including signature can be supplied upon request however any medication changes should be included in the visit summary itself." Attached a copy. Provided a complete medication list</p> <p>Resident #1 Base d Polyethylene Glycol powder, 3/31/17 @ 3 pm. I notified Timothy TSai APRN from Living Well Central Oahu resident medication Polyethylene Glycol powder has no valid physician order, no dose, route or frequency listed. Per telephone order by Timothy Tsai to continue to give</p>	<p style="text-align: center;">4/6/17</p> <p style="text-align: center;">3/31/17</p>
		<p>Polyethylene Glycol Powder 17 grams mixed with 4 oz. water per mouth everyday. He will countersign the order next visit</p>	

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Licensee's/Administrator's Signature: Theresa K. Keregan

Print Name: BRENDA M. MONEGAS

Date: 7/11/17

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MONEGAS  
BRENDA M.  
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