

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aguinaldo, Evangeline (ARCH)	CHAPTER 100.1
Address: 3787 Mamaki Street, Koloa, Hawaii 96756	Inspection Date: February 3, 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.**

17 JUL -7 AM 27

RECEIVED

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d)            Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b>            No menu posted in resident dining area.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>A current menu is now posted clearly on the wall next to dining table.</p>	<p>07/03/17</p> <p>17 JUL -7 AM:27</p> <p>UNRECORDED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (d)            Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b>            No menu posted in resident dining area.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I will be sure to post a current (monthly) menu every 1st of month and also check daily to ensure it is current and still visibly posted in dining area.</p>	<p>07/03/17</p> <p>17 JUN -7 AM 127</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Oxi-clean liquid detergent unsecured in resident accessible laundry area.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><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>Oxi-clean liquid detergent is placed in a secured cabinet when not in use.</p>	<p style="text-align: right;">07/03/17</p> <p style="text-align: right;">17 JUL 27 04:27</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Oxi-clean liquid detergent unsecured in resident accessible laundry area.</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>In the future, I will ensure all toxic chemicals and cleaning agents will be immediately stored in a secured cabinet after each use.</p>	<p style="text-align: right;">07/03/17</p> <p style="text-align: right;">17 JUN -7 11:27</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> Resident #1 No signed medication re-evaluation due 11/14/16.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The physician order sheets were reevaluated and signed by a physician.</p>	<p>07/03/17</p> <p>17 JUL -7 11:27</p> <p>PHYSICIAN LIBRARY</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><u>FINDINGS</u></b> Resident #1 No signed medication re-evaluation due 11/14/16.</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>I will review all medication orders on the 1st of every month to ensure medications have been reevaluated every four months and to have physician sign reevaluated order sheet if due.</p>	<p style="text-align: right;">07/07/17</p> <p style="text-align: right;">17 JUL -7 AM 27</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b><u>FINDINGS</u></b> Resident #1 No progress notes 2/4/16, 3/3/16, 5/5/16, 6/7/16, 8/14/16 when resident received IM depot medication. No progress notes for 4/4/16, 7/14/16, 7/23/16, 8/4/16, 1/17/17, 1/24/17, and 1/26/17 reflecting physician office visits.</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Progress notes have been updated to include IM medication received and also physician office visits.</p>	<p align="center">07/03/17</p> <p align="center">17 JUL -7 AM 27</p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b><u>FINDINGS</u></b> Resident #1 No progress notes 2/4/16, 3/3/16, 5/5/16, 6/7/16, 8/14/16 when resident received IM depot medication. No progress notes for 4/4/16, 7/14/16, 7/23/16, 8/4/16, 1/17/17, 1/24/17, and 1/26/17 reflecting physician office visits.</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>In the future, I will immediately document any notation of visits and consultations made to resident by other professional personnel as requested by the resident or resident's physician. To ensure I will not forget, I will document on day of office visit.</p>	<p>07/03/16</p> <p style="text-align: right;">17 JUL -7 01:27</p>

Licensee's/Administrator's Signature: Evangeline Aguineldo

Print Name: Evangeline Aguineldo

Date: 07/03/17

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