

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Leano, Glenda (ARCH)	CHAPTER 100.1
Address: 94-945 Kuhaulua Street, Waipahu, Hawaii 96797	Inspection Date: February 1, 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.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDINGS</u> No fire drill conducted during the first quarter (January-March) of 2016.</p>	<p style="text-align: center;">PART 1 <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 style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	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> Physician order for Resident #1 from 02/30/2016 – 01/18/2017 states: "Amlodipine 2.5 mg tablet once a day." The medication administration record (MAR) transcription from 02/30/2016 – present (02/01/2017) states: "Amlodipine 5 mg tablet once a day." Physician order and MAR do not match.</p>	<p style="text-align: center;">PART 1 <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 called the doctor's office what is the strength of the medication "Amlodipine" which was first ordered 2.5mg but MD increased the dosage to 5 mg later on following visits. I was assured that up to present the strength of the medication Amlodipine is 5 mg one tablet once a day.</i></p>	<p style="text-align: right;"><i>5/16/17</i></p> <p style="text-align: right;">MAY 17 12:48</p>

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<input checked="checked" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Progress notes from September 2016 – October 2016 did not reflect Resident #1's seven (7) lb. weight gain.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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Licensee's/Administrator's Signature: Glenda ~~M. Leano~~

Print Name: GLEND A LEANO

Date: 5-16-17

Licensee's/Administrator's Signature: Glenda ~~M. Leano~~

Print Name: GENDA LEANO

Date: 8-24-17

Licensee's/Administrator's Signature: Glenda ~~M. Leano~~

Print Name: GLEND A LEANO

Date: 9/22/17