

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Guerrero, Miriam (ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 66 Kaiwiki Road, Hilo, Hawaii 96720</b>	<b>Inspection Date: February 6, 2018</b>

**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>§11-100.1-15 <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><b><u>FINDINGS</u></b> Resident #1, physician order dated October 23, 2017 read, "Start Invega 1.5mg tabs." However, October – December 2017 medication record read, "Paliperidone 1.5 mg HS PRN."</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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☒	<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><b><u>FINDINGS</u></b>  Resident #1, February 2017 – January 2018 medication records read:</p> <ul style="list-style-type: none"> <li>• “Loratidine 10 mg QD”</li> <li>• “CVS Saline Solution 2 sprays each nostril TID PRN”</li> <li>• “Albuterol Sulfate HFA 90 mcg aerosol inhale 2 puffs every 4 – 6 hours PRN”</li> <li>• “Flovent HCA 110 mcg 1 puff every 4 – 6 hrs PRN”</li> </ul> <p>However, no physician order obtained until January 3, 2018.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<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 medication renewals between January 25, 2017 and October 23, 2017.</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>For future plan - medications be renewed quarterly, let the doctor sign the MAR to update if there are changes on medications</p> <p>Before leaving the clinic, I make appointment for the next quarterly check up.</p> <p>Make quarterly appointments to update medications</p>	<p>Feb. 7/18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input 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><b><u>FINDINGS</u></b> Resident #1, physician order dated January 25, 2017 read, "Start Invega 3 mg 1 po HS PRN." However, no response to PRN medication documented in monthly progress notes.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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Licensee's/Administrator's Signature: Miriam S. Guerrero

Print Name: MIRIAM S. GUERRERO

Date: Feb. 8 / 18