

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pascual, Soledad	CHAPTER 100.1
Address: 91-711 Fort Weaver Road, Ewa Beach, Hawaii 96706	Inspection Date: December 5, 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>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 medication administration record (MAR) missing care giver administration initials from September 1, 2017 through September 30, 2017 for the following medications:</p> <ol style="list-style-type: none"> 1) Calcium Carbonate 600mg 2) Triamcinolone 0.1% 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> yes</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <hr/> <p>Sorry, we cannot provide an exact reason as to why the 2017 September MAR for Resident #1 was not initialed by the care giver that administered the medication. We can attest though that the medications were administered as order by the physician and the MAR was generated and filed in the medication record, but for some reason was inadvertently not signed. Medication labels were checked before each administration. During the inspection, our nurse surveyor did count/examine the medications and check it against the medication labels and physician/ARCH records to ensure that the medications were given. We noted on the MAR to see progress notes. We then made an addendum progress note to confirm that the medications were given as ordered despite no documentation on the MAR. Finally, we generated an incident report.</p>	<p style="text-align: center;">12/7/2017</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Bedroom #2 light switch plate is broken.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <hr/> <p>The light switch plate in Bedroom #2 was damaged by one of the residents that have a behavior problem (angered/agitated easily, poor impulse control, acts out with aggressively, pushing chair around, etc.). While waiting for the plate to be replaced, we secured it with electrical tape to prevent any harm. The broken light switch plate in Bedroom #2 was replaced with a metal plate on 12/7/2017.</p>	12/7/2017

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Licensee's/Administrator's Signature: Soledad A. Pascual, CEO

Print Name: Soledad Pascual

Date: 12/7/2017