Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Beltran, Milagros (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-1382 Henokea Street, Waipahu, Hawaii 96797	Inspection Date: May 15, 2018 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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K - 1	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§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.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u>	Dutt
	FINDINGS Resident #1	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	 Senexon-S medication order incomplete. Acetaminophen medication order from 12/15/2017 states, "325 mg, take 2 tabs q 4hrs prn for pain." Medication label states, "325 mg, take 2 tabs four times daily prn for pain." Medication order and label do not match. 	= Of the scheduled resident's office visit with PCP on 5/16/18, I informed his PCP about the previous incomplete promedication order. The PCP then he ordered the med in it's complete form stating the name of the drug, the desiral raite, frequency and its reason for use.	5 5 16 18
•		= During this pame visit, the PCP also renewed the med, acetamino phen. After obtaining the med, from the pharmacy, I immediately double— Checked the medicine label. The PCP's order and the label were accurate a matched.	-5/16/19
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\boxtimes	§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.	PART 2 <u>FUTURE PLAN</u>	
	FINDINGS Resident #1 • Senexon-S medication order incomplete. • Acetaminophen medication order from 12/15/2017 states, "325 mg, take 2 tabs q 4hrs prn for pain." Medication label states, "325 mg, take 2 tabs 4 times daily prn for pain." Medication order and label do not match.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Thom now on, on every office virit of the PCP, I will distrible check the doctor's written order for completeness before leaving the office. I will place a revivale notice in the residents chart.	
		Trom now on, before I keep a newly filed medication in the medication in the medication of the medication MD written order of medication label, are the same.	-5/16/18
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (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. FINDINGS Resident #1 - April 2018 medication administration record (MAR) only filled out until April 15. PCG stated this was a mistake on her part.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY — Unable to consect error of ornission, as it is great due.	-5/18/18
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general	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
		FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To prevent this from happening again. I will establish a "monthly medication builder" for monthly use, starting this month, to flower allow residents' MARS, so that it is residents' MARS, so that it is readily accessible for immediate documentation after making meds. available to the residents. At the end of each mante, the MAR's will be Placed back into their respective charte.	81. 18 1 2 18 1 18 1 2 18 1 18 1 2 18 1 2 18 1 2 18 1 2 18 1
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K 2	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:	PART 1	
	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;	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	•
	FINDINGS Resident #1 — Monthly progress notes do not include observations of the resident's response to medications and diet.	-Unable to complete documentation on monterly Tregress notes, as it is past due.	-5/16/19
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§11-100.1-17 Records and re During residence, records sha	eports. (b)(3)		Date
During residence, records sha	Il include:	PART 2	Date
Progress notes that shall be we more often as appropriate, sha resident's response to medicate any changes in condition, indicate behavior patterns including the action taken. Documentation immediately when any incident	all include observations of the ion, treatments, diet, care plan, ications of illness or injury, e date, time, and any and all shall be completed	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
FINDINGS Resident #1 – Monthly progres observations of the resident's r diet.		To prevent this from happening again, I will post a remarder note for one of for my 5005, in each resident's chart, to document accurately and completely every observations affecting the peoident's behavior to condition, to include responses to dist, tx, in medications. This will be done every end of the month and are needed.	15 STATE OF

Licensee's/Administrator's Signature: Dilagram S. Beltran

Date: May 19, 2018

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