

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Leano, Glenda	CHAPTER 100.1
Address: 94-945 Kuhaulua Street, Waipahu, Hawaii 96797	Inspection Date: February 28, 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.

STATE OF HAWAII
DEPARTMENT OF HEALTH

18 MAR -9 AM 2:44

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident #1 – No annual tuberculosis clearance.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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;"><i>I made an appointment for resident #1 to get her annual TV clearance.</i></p>	<p style="text-align: center;"><i>3/6/18</i></p> <p style="text-align: center;">18 MAR -9 AM 1:44</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Medication order from physician states, “Sertraline 100 mg po qd.” Medication label states, “Sertraline 100 mg, 2 tabs po qd.” Medication order and label do not match.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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;"><i>3/1/18 - I called the doctor to confirm the medication order. The correct order is 7 tablets. I will write down to verbal order and have the doctor sign it when the resident #1 next appointment.</i></p>	<p style="text-align: center;"><i>3/6/18</i></p>

STATE OF HAWAII
D.H. OHCA LICENSING

18 MAR -9 AM 11:45

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

Print Name: GLEND A LEANO

Date: 3/6/18

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DHHS-DCAL LICENSES