

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: R & B ARCH/E-ARCH LLC	CHAPTER 100.1
Address: 94-912 Kumuao Street, Waipahu, Hawaii 96797	Inspection Date: March 21, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p>FINDINGS Resident #1 – Diet order calls for nectar thick liquids; however, no physician order for thickening agent.</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>YES, On the next doctor's appointment, I will make it sure to get an order of the thickening agent for my Resident #1 to be use in all her liquids.</i></p>	<p style="text-align: center;"><i>4/3/18</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – Diet order calls for nectar thick liquids; however, no physician order for thickening agent.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future if any of my resident is required to have their liquids thickened, I will make it sure to obtain a written order of the thickening agent from the Physicians.</i></p> <p><i>In the future I will make it sure that the ordered thickening agent will also be listed with the list of medications ordered that are renewed by the Physician every 3-4 months as required by the Department of Health.</i></p>	<p style="text-align: right;"><i>4/3/18</i></p>

Licensee's/Administrator's Signature: Remedios A. Aguinaldo

Print Name: REMEDIOS A. AGUINALDO

Date: 4/3/18

RECEIVED
APR 05 2018