

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Olivas, Rosalinda (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 3410 Aliamanu Street, Honolulu, Hawaii 96818	Inspection Date: April 17, 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) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u></p> <p>Resident #1 physician order dated 4/13/18 reads, "Vitamin D3 400 units 2 tablets QD, and Linagliptin 5 mg QD." Medications not listed on the medication administration record.</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><i>Both medicines ordered by the physician on 4/13/18 which are "Vitamin D3 400 units 2 tablets QD and Linagliptin 5 mg. QD" were written on my medication administration record.</i></p>	<p><i>April 19, 2018</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u></p> <p>Resident #1 physician order dated 4/13/18 reads, "Vitamin D3 400 units 2 tablets QD, and Linagliptin 5 mg QD." Medications not listed on the medication administration record.</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 style="text-align: center;"><i>In the future, I will write the medicines on the MAR and I will let my substitute check if I did it right.</i></p>	<p style="text-align: right;"><i>April 18, 2018</i></p>

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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> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u></p> <p>Resident #1 medications ordered 4/13/18 not added to the emergency data sheet.</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>As of today April 18, 2018 medications ordered by the physician on 4-13-18 were added to the emergency data sheet.</i></p>	<p style="text-align: center;"><i>April 18, 2018</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u></p> <p>Resident #1 medications ordered 4/13/18 not added to the emergency data sheet.</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 style="text-align: center;"><i>Medications ordered on 4-13-18 were added to the emergency data sheet on 4-18-18 by myself and I ask my substitute to check after writing them.</i></p>	<p style="text-align: right;"><i>April 18, 2018</i></p>

Licensee's/Administrator's Signature: Rosalinda Olivas

Print Name: ROSALINDA OLIVAS

Date: April 24, 2018