

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Bumanglag, Violeta (ARCH)	CHAPTER 100.1
Address: 2152 North School Street, Honolulu, Hawaii 96819	Inspection Date: April Date, 24 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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MAY 07 2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><u>FINDINGS</u> Resident #1, no documentation regarding the resident need for or response to PRN medication made available 8 times (10/617 -10/10/2017.)</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><u>FINDINGS</u> Resident #1, no documentation regarding the resident need for or response to PRN medication made available 18 times (10/6/17 -10/10/2017.)</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>If there is a PRN medications prescribed by a physician or APRN, I will identify the med of the PRN med first. Then I'll give the medication and observe. Check the effectiveness of the medication. Write in the progress notes everytime it is given. Before follow up, I will ^{review} all documentation and discuss with the Dr. or APRN about the progress of the patient.</i></p>	

Licensee's/Administrator's Signature: Violeta Bumanglag (AUC)

Print Name: VIOLETA BUMANGLAG

Date: MAY 2, 2018

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