

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Simpliciano's ARCH	CHAPTER 100.1
Address: 94-106 Kaupu Place, Waipahu, Hawaii 96797	Inspection Date: March 23, 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.

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING
APR 10 3:30 PM '18

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u></p> <p>Resident #1 physician order dated 9/17/17 reads, "Famciclovir 500mg take 1 tablet every 24 hours." Progress notes state that the physician stated to take medication for 7 days, however no follow up telephone order was generated and signed by the physician.</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>Resident #1. A signed physician's order for Famciclovir 500 mg. 1 tab every 24 hrs. for 7 days was obtained. Copy attached.</i></p>	<p style="text-align: right;"><i>4/10/18</i></p>

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<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u></p> <p>Resident #1 physician order dated 9/17/17 reads, "Famciclovir 500mg take 1 tablet every 24 hours." Progress notes state that the physician stated to take medication for 7 days, however no follow up telephone order was generated and signed by the physician.</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, I will use a post-it note on the progress note pages to remind me to get the physician to sign verbal orders at the next physician office appointment or fax to physician if need it sooner. I will ^{make use of} train my SGA #1 to double check the orders to see that they are correct.</i></p>	<p style="text-align: right;">4-26-18</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 emergency data sheet incorrect discontinued medications listed on the emergency 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><i>Resident # 1. The emergency data sheet was revised and now reflects the current medications</i></p>	<p style="text-align: center;"><i>3/23/18</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u></p> <p>Resident #1 list of possessions not updated since 1/2016, must be updated yearly and as needed.</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>Resident #1. The list of possessions was updated to reflect the current list of possessions.</i></p>	<p style="text-align: center;"><i>3/23/18</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u></p> <p>Resident #1 list of possessions not updated since 1/2016, must be updated yearly and as needed.</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, I will use checklist of reminders that includes yearly updates for the list of possessions. My SCA #1 will update the possessions list on the anniversary date after each year from the admission date.</i></p>	<p style="text-align: right;"><i>4/26/18</i></p>

Licensee's/Administrator's Signature: Ophelia C. Simpliciano

Print Name: OFELIA C. SIMPLICIANO

Date: 4/10/18

Licensee's/Administrator's Signature: Ophelia C. Simpliciano

Print Name: OFELIA C. SIMPLICIANO

Date: 4/27/18