Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Quiocho, Lolita (ARCH)	CHAPTER 100.1
Address: 4103 Likini Street, Honolulu, Hawaii 96818	Inspection Date: June 27, 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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RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. FINDINGS Resident #1 – 2/21/2018 medication order for Lasix x5 days, not on medication administration record. However, per PCG, medication was given.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	Date
	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date	
\$11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. FINDINGS Resident #1 – 2/21/2018 medication order for Lasix x5 days, not on medication administration record. However, per PCG, medication was given.	PLAN OF CORRECTION PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? In the future, When ever a how medication in prevente, I will write it down in medication administration, recordended after the medication from the phaemacy in addition, I will initial the medication order after in administration to prevent me from faquing to initial later.	Date €	
	·	3:25	b

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. FINDINGS Resident #1 – No signature on 4/9/2018 medication reevaluation.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	78 JUL -5 P3:29

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\boxtimes	§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.	PART 2 <u>FUTURE PLAN</u>	
	FINDINGS Resident #1 – No signature on 4/9/2018 medication reevaluation.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
		from now on before & leave	
		the doefor office. I would double	-
		Chele the medication order to	
		ensure everything is arcuale	
		and that there is a signatury	Ρ Ι
		Fran the physician or APRU. I	
٠		Will have my subtiduce check it again, When I get home	July 2 27 15
		to be extra sure, DOH-OHCASTATE LICENS	JUL -5
		HAII	P3 :3

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:	PART 1	
All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. FINDINGS Resident #1 — Monthly weight records not accurate.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
Resident's weight for October 2017 = 168 lbs. Per physical exam record with physician, resident's weight = 150 pounds that same month. Monthly weights fluctuated by +/- 11-12 pounds some months.		
	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	
	STATE LICENSING	.18 JUL -5 P3:3

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:	PART 2	
All records shall be complete, accurate, current, and readily available for review by the department or responsible	FUTURE PLAN	
placement agency. FINDINGS	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
Resident #1 – Monthly weight records not accurate. Resident's weight for October 2017 = 168 lbs. Per physical exam record with physician, resident's weight = 150 pounds that same month. Monthly weights fluctuated by +/- 11-12 pounds some months.	I brought a new scale	
	to Weight my resistents. From	
	now on I will be more	
	attentible to the monthly	
	Weight, alid When my residents	
	go for their annual physical,	-
	I will compare the dector	July 2, 2018
	ensure accuracy.	JUL -5
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Licensee's/Administrator's Signature: Louis Administrator's Signature:

Print Name: 10214 Quiectto

Date: July 2, 2018