

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mildred's	CHAPTER 100.1
Address: 94-1273 Peke Place, Waipahu, Hawaii 96797	Inspection Date: March 20, 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.**

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	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>  Resident #1 – Bottle of Centrum multivitamins labeled for the resident found in container with other prescribed medications; however, there is no medication order from a physician or APRN.</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>I did take out the medications from the container &amp; lock it away. I called the MD or get an order for her next appointment which was on 3/27/2018</i></p>	<p style="text-align: center;">4/1/2018</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b>FINDINGS</b>            Resident #1 – No face-to-face contact with the case manager from 8/2/2017 until 10/20/2017.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Called CM office last April 1, 2018 regarding the monthly assessment visit last Sept. 2017. Nightingale CM office faxed a copy and filed right away on clients chart. Will remind CM to send <sup>copy of</sup> assessment done monthly to avoid such recurrence.</i></p>	<p style="text-align: center;"><i>5/3/18</i></p>

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Licensee's/Administrator's Signature: Mildred A. Bumanglag

Print Name: MILDRED A. BUMANGLAG

Date: 4/2/2018

Licensee's/Administrator's Signature: Mildred A. Bumanglag

Print Name: MILDRED A. BUMANGLAG

Date: 5/3/2018

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