

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Marquez, Luz (ARCH/E-ARCH)	CHAPTER 100.1
Address: 94-908 Kumuaao Street, Waipahu, Hawaii 96797	Inspection Date: May 16, 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) WORKING 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>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – on 2/20/18 and 11/22/17, Lisinopril 20mg, 1 tab, QD was prescribed by physician. On 4/25/18 and 8/7/17, Lisinopril 40mg, 1tab, QD was prescribed. However, Lisinopril 40mg continued to be administered without change in dosage. Clarify with 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>ON JUNE 21, 2018 TOOK MY CLIENT (RESIDENT #01) TO DOCTOR BEN GAHINDO AND CLARIFY THE MEDICINE LISINOPRIL 20mg. 1 TAB QD. ON 2/20/18, 11/22/17 ALTHOUGH WAS GIVEN LISINAPRIL 40mg po 1 TAB QD. DUE TO TYPING ERROR. THE CORRECTED DOSSAGE IS LISINOPRIL 40mg 1 TAB po QD. ON THOSE DATES</p>	

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☒	<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 – on 2/20/18 and 11/22/17, Lisinopril 20mg, 1 tab, QD was prescribed by physician. On 4/25/18 and 8/7/17, Lisinopril 40mg, 1tab, QD was prescribed. However, Lisinopril 40mg continued to be administered without change in dosage. Clarify with 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>BEFORE WE HAVE OUR INSPECTION THE NURSE AT MY AGENCY CHECK UP THE FOLDER AND ALSO THE SECRETARY AT THE OFFICE WHO DO THE TYPING OF THE MEDICATION, ALTHOUGH 2 OF THEM CHECK IT UP BUT ITS ALSO MY RESPONSIBILITY TO DOUBLE CHECK THE DOSSAGE OF TO THE PRESENT AS ORDER SO WHENEVER DOCTORS MAKE A MISTAKE I CAN CORRECT IT RIGHT AWAY SO IT WILL NOT HAVE THE SAME MISTAKE. I WILL MAKE SURE I WILL GO OVER THE MEDICATION HIST AND FOLLOW THE PRESENT DOCTORS ORDER.</p>	<p style="text-align: right;">6/21/18</p>

	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>FINDINGS Resident #1 – Documentation does not show case manager conducted face-to-face contacts with the expanded ARCH resident at least once every 30 days. Documented face-to-face contacts are 2/20/18, 12/17/17, 11/17/17, 10/21/17, 9/25/17, 8/12/17, 6/10/17, and 5/13/17</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>ON MAY 17, 2018 I TOOK MY CHART TO THE CASE MANAGEMENT AGENCY AND THE NURSE (CASE MANAGEMENT) WHO COMES TO DO THE ASSESSMENT SHOWED ME THE DOCUMENTS FROM 2/20/18, 12/17/17, 10/21/17, 9/25/17, 8/12/17, 6/10/17 AND 5/13/17 WAS FILLED ON THE TAB, NURSING, SOCIAL, FINANCIAL ASSESSMENT, WHO DID THE FACE TO FACE CONTACTS WITH THE RESIDENTS</p>	<p style="text-align: right;">5/17/18</p>

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Licensee's/Administrator's Signature: Luz A Marquez
Print Name: LUZ A. MARQUEZ
Date: SEPTEMBER 19th, 2018