

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cua, Lilia (ARCH)	CHAPTER 100.1
Address: 464 Heahea Street, Hilo, Hawaii 96720	Inspection Date: August 25, 2020 – 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1, physician order read, "Acetaminophen (Tylenol) 500 mg <u>1-2 tabs</u> q 6 hours PRN." June 2020 medication record reflected "Acetaminophen (Tylenol) 500 mg 1-2 tabs q 6 hours PRN" administered 06-22-20 – 06-24-20 twice a day. However, the <u>number of tabs</u> administered were not documented.</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>	

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Licensee's/Administrator's Signature:

Lilia I. Cua

Print Name:

Lilia I. Cua

Date:

8/31/2022