

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Aginaldo's	<b>CHAPTER 100.1</b>
<b>Address:</b> 4406 Likini Street, Honolulu, Hawaii 96818	<b>Inspection Date:</b> May 7, 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) 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> (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.</p> <p><b><u>FINDINGS:</u></b>  Resident #1-All the medications listed on the Medication Administration Record (MAR) do not have the route. The MD's prescriptions have the route listed. Please transcribe the MD order as written.</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 style="text-align: center;"><i>I did correct and write down the route for all medicines in the MAR as ordered by the doctor.</i></p>	<p style="text-align: center;"><i>5/9/20/20</i></p>

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<input checked="" type="checkbox"/>	<p>11-100.1-15 <u>Medications.</u> (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.</p> <p><b><u>FINDINGS:</u></b> Resident #1- All the medications listed on the Medication Administration Record (MAR) do not have the route. The MD's prescriptions have the route listed. Please transcribe the MD order as written.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will write on the calendar on a certain day every month to make to make sure I write the doctor's order or any changes</i></p>	<p><i>5/9/2020</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS:</u></b> Resident #1- Admission was on 11/21/19. Monthly progress notes done, but no notes on patient's response to admission, behavior patterns (has Alzheimer's), response to medications, or diet, since the admission date.</p>	<p style="text-align: center;">PART 1</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 style="text-align: center;"><i>I made a note in the progress note about how he is responding to diet, behavior, how he is acting and response to medications.</i></p>	<p style="text-align: center;"><i>5/9/2020</i></p>

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☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS:</u></b> Resident #1- Admission was on 11/21/19. Monthly progress notes done, but no notes on patient's response to admission, behavior patterns (has Alzheimer's), response to medications, or diet, since the admission date.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>HO on every progress note, will be a line to response to diet + medications or any problem to diet. Note on the end of the calendar to make sure I remember all the time.</i></p>	<p style="text-align: center;"><i>5/9/2020</i></p>

Licensee's/Administrator's Signature: Serafina Aguinaldo

Print Name: SERAFINA AGUINALDO

Date: 9/5/2020

Licensee's/Administrator's Signature: Serafina Aguinaldo

Print Name: SERAFINA AGUINALDO

Date: 6/23/20

Licensee's/Administrator's Signature: S. Aguinaldo

Print Name: SERAFINA AGUINALDO

Date: 5/27/2020