

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Olivas, Rosalinda (ARCH/Expanded ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 3410 Aliamanu Street Honolulu, Hawaii, 96818</b>	<b>Inspection Date: April 26, 2021 Annual</b>

**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
☒	<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><b><u>FINDINGS</u></b> Resident #1 –</p> <ul style="list-style-type: none"> <li>• “Vanicream daily” ordered 5/28/20, however, MAR reads “Vanicream apply daily PRN” for the months of 5/2020 through 7/8/2020.</li> <li>• 7/9/20 order for “Vanicream apply daily PRN” does not include the indication for applying the medication.</li> <li>• “Zyrtec 10mg BID PRN itch ordered 5/28/20, however, MAR reads “Zyrtec 10mg 1 tab 10mg PO qd at bedtime” for the months of 5/28/2020 to 7/8/2020. Frequency does not match 5/28/20 order.</li> <li>• “Omeprazole 40mg 1 capsule PO every day 30 min before meal” ordered 2/25/21, however MAR reads “Omeprazole 40mg 1 capsule PO every day 30 min before meal” starting 2/1/21.</li> </ul>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 –</p> <ul style="list-style-type: none"> <li>• Medication Administration Record (MAR) entry for Acetaminophen for the month of 7/2020 – 9/2020 does not include indication for fever &gt;100.</li> <li>• “Omeprazole 40mg 1 capsule PO every day 1 hr before meal” ordered 7/9/20, however parameter is not included on MAR for the months of 7/2020 through 12/2020.</li> </ul>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_