

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aguinardo, Evangeline (ARCH)	CHAPTER 100.1
Address: 3787 Mamaki Street, Koloa, Hawaii 96756	Inspection Date: February 24, 2021 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.**

STATE OF HAWAII  
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STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medication orders were not reevaluated more than four (4) months.</p> <ul style="list-style-type: none"> <li>- Clozapine 500mg, hs was not reevaluated from 1/30/20 to 1/13/21</li> <li>- Benzotropine 2mg, qam was not reevaluated from 2/27/20 to 1/13/21</li> </ul>	<p style="text-align: center;">PART 1</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>	<p style="text-align: right;">MAR 11 11 26 STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

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**What tools and resources will you use to remind yourself to review medication orders monthly and to ensure all medication orders are reevaluated by the physical every four months?**

In the future, I will schedule each residents 4 month follow up appointment with receptionist in office immediately after doctors visit, mark it on my calendar and place appointment card on refrigerator to remind myself and ensure medication orders are reevaluated every four months. I will also mark it on my calendar every 1<sup>st</sup> of the month to remind myself to review medication orders.

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	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 – Lisinopril 10mg, qd was discontinued on 1/13/21. No documentation made in progress notes by PCG.</p>	<p style="text-align: center;">PART 1</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>	<p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right;">MAR 11 11 26 AM '21</p>

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Please explain how you will remind yourself to document changes in medication in progress notes. For example, when and how often do you review the records so that you will not miss any documentation?

In the future, I will mark on my calendar every 1<sup>st</sup> of the month as a reminder to review medication orders to ensure all medications are current and if there are any changes. I will review residents records once a month on the 1<sup>st</sup> of every month so I will not miss any documentation.

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Licensee's/Administrator's Signature: Evangeline Aguinaldo

Print Name: Evangeline Aguinaldo

Date: 03/03/21

Licensee's/Administrator's Signature: Evangeline Aguinaldo

Print Name: Evangeline Aguinaldo

Date: MAY 13 2021

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