

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: A & C Care Home	CHAPTER 100.1
Address: 2294 Awapuhi Street, Hilo, Hawaii 96720	Inspection Date: May 17, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

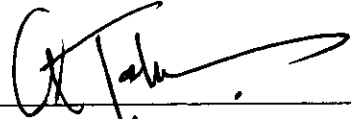
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – care plan entitled, “Behavior Management – review date <u>05-04-21</u>” read, “Medicate as ordered with Citalopram 10 mg. One tab <u>everyday</u>. Monitor effectiveness et report to RN/CM and/or MD.” However, prescribed medication orders of 11-23-20, 02-16-21 and 03-17-21 read, “Citalopram 10 mg 1 tab po <u>every other day.</u>”</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 style="text-align: center;"><i>Yes, the deficiency was corrected.</i></p> <p><i>I called the case manager & we reviewed the Physician's order, MAR and care plan. Case manager corrected the care plan to reflect & match the Physician's order. After case manager corrected the careplan, I reviewed to ensure accuracy.</i></p>	<p>5/18/2021</p>

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Licensee's/Administrator's Signature: _____



Print Name: _____

Armando Tabile

Date: _____

5/18/2021

Licensee's/Administrator's Signature: AT/ab

Print Name: Armando Tabile

Date: 6/11/2021

RECEIVED
JUN 13 2021