

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Tangonan Adult Residential Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-228 Moena Place Waipahu, Hawaii 96797</b>	<b>Inspection Date: May 25, 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) 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 Medications, (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>FINDINGS</b> Resident #1 - Medication orders signed by physician on 5/11/20 but not again until 1/11/21, a period of eight months.</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><i>Last orders found in chart during audit was 01/11/2021</i></p> <p><i>Obtained progress note from last home visit by APRN on 05/26/2021, which had medication reconciliation completed 7 hrs in within 4 months</i></p> <p><i>Previous progress notes completed requested from Geriatrics between 05/2020 and 01/2021</i></p> <p style="text-align: right;"><i>Chynonau</i></p>	<p style="text-align: right;"><i>6/6/2021</i></p>

	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 signed by physician on 5/11/20 but not again until 1/11/21, a period of eight months.</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>Will ensure medication reconciliation is done during physician or APRN visit, will obtain progress note that is electronically signed.</i></p> <p><i>To prevent this from occurring in the future, I will flag the notes that need to be reviewed, so that it is clear that it needs attention.</i></p> <p><i>Another way to remind us to renew medication, mark on calendar one due for signature.</i></p> <p style="text-align: right;"><i>lyon 6/6/2021</i></p>	

Licensee's/Administrator's Signature: Edna Tangonan

Print Name: Edna Tangonan

Date: 6/6/2021